

THE ALKALOIDAL CLINIC

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SELF-PRESERVATION THE FIRST LAW OF NATURE.

THERE has been more than a little disturbance of mind caused by our suggestion that the medical profession should form a union and apply for admission to the Federation of Labor. But there are several who look on the idea with favor.

It would be a glorious thing if we could be sure that every fee we earn would be paid. We could afford to make the fee a small one if the payment were sure, and the man who neglected to pay were to be considered a "scab." Nothing would stand in the way of charging the rich larger fees, but if the Federation agreed on a scale of fees for our services, we would be sure of that much, and would have the same security the laborers in other fields now enjoy.

It has even been claimed that the A. M. A. might be induced to consider the question seriously, but this we doubt. Beyond holding an annual meeting, where we are charged top prices for the poorest accommodations, hearing a lot of top-lofty specialists advertise themselves, and

getting after any member who advertises in any way but that sanctioned by the association, the utility of that body to the plain doctor has not been very apparent. This is evident by the fact that the vast majority of the profession elect to stay outside of it. By superhuman exertions the present administration has managed to bring possibly a fifth of the profession into an association that should include every doctor in America.

How can the rest be induced to enter? By making membership worth while to them. How? By appreciating their wants and catering to them. And the most obvious need of the American doctor to-day is to have his financial relations with the community brought in harmony with the conditions of the day, instead of assuming that they are based on conditions prevailing in the days of Hippocrates, and never since. Do as other men do; combine, so as to secure reasonable pay for work done; make every doctor a member or a "scab"; and every doctor from Labrador to Darien

will come in. What other basis can you suggest that will do this? Let us hear the other side.

A weak, discouraged, disheartened, discordant being is no more the man God made, than is the hardest jargon sweet music.

EPILEPSY.

An interesting series of papers appeared in the *J. A. M. A.*, with a discussion thereon.

Brower spoke of the hygiene. Self-restraint should be taught, drug use forbidden, the sexual evils prevented, special schools selected, physical culture being important. Proper eating was to be taught, meat not excluded but limited, salt and sugar minimized, resulting in more perfect assimilation of bromides. In drug treatment the susceptibility to suggestive influence was great. Careful attention to elimination was the foundation of all treatment. Insufficient renal elimination was often present, with marked defect in urea elimination before fits. Intestinal elimination and cleanliness were of great importance. Lavage and colonic flushing with aloes were commended. Amyl nitrite was praised to stop the aura, with the distal ligature tightened when the aura was felt. Bromide was the best remedy. If it failed he added *Solanum Car.*, fl. ext., in doses of m.xxx to two drams. For weak heart he added *Adonis Vernalis*. If this failed he resorted to the coal tars, belladonna, and tonics if needed. When the bromides disagreed with the bladder he substituted hydrobromic acid. Borax was an unsatisfactory substitute. Zinc oxide sometimes benefited. Arsenic relieved the acne. Cauterization to the

neck was useful in headache. In some failures of bromides, strychnine succeeded. Lydston obtained benefit from *san-tonin*, up to gr. 15. Pepper used soda salicylate and antipyrin. Pellegrini found *glonoin* up to full dose useful. Surgical treatment must necessarily be always a failure. For epileptic status he uses chloroform and hyoscine.

McCarthy said the toxemic theory best explained the attack. Whether from gastro-intestinal autotoxemia or alcohol, you cannot get away from the reflex character of the seizures.

Richardson said cases originating after childhood were often preceded by a neurotic state, susceptible or unstable nervous system, chorea, night terrors, somnambulism, delirium and irregular convulsive attacks from slight causes.

Pearce believed thoroughly in antiseptics, intestinal antiseptics in particular, in epilepsy. Constipation was sometimes the cause, and cathartics always opened his treatment. Mucous colitis, chronic gastritis, papilloma, rectal irritation, fistula in ano, needed attention. Phimosi was a cause in one case. Ovarian disease, neuralgia, deafness, ocular maladies, overwork, mental or physical, had their influence for evil. Many untoward results followed the bromides. *Solanum* was of great value. Bleeding did good in epileptic status. Eliminatives did great good. Hydrotherapy aided much. Nitrohydrochloric acid was useful in bilious cases. The diathesis must be looked to, as gout, etc. Sometimes digitalis was a good addition to the bromides.

Crothers mentioned a case where benefit followed the use of electric light baths.

Norbury used borax with bromides in

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Strychnine exalts all the functions of the spinal cord, reflex, motor, vasomotor and sensory—the latter being least affected.—Potter.

No remedy is so strongly indicated in surgical shock as strychnine, gr. 1-20 every half-hour.—Hare.

nocturnal forms, insisting on thorough elimination by salines.

Lloyd spoke feelingly of the enforced idleness of patients in asylums.

Hughes advocated a rubber floor for protection against injury. In nocturnal cases he advised digitalis and strophanthus. He took a more hopeful view than formerly. Toxicity had something to do with exciting the paroxysms. An epileptic habit governed the neurons. He believed the vasomotor theory of the spasms.

Mills used bromides with cicutine hydrobromate and cardiac tonics.

Keniston recalled Kussmaul's advocacy of carotid compression in status epilepticus.

Walling had good results from electricity in six cases—galvanism.

Moyer thought it better for the epileptic to live on the diet he could buy than starve on that prescribed. He gave 25 cases suprarenal extract, benefiting three-fourths.

Eshner emphasized the value of digitalis in petit mal, and some cases grand mal. Alternates for bromides were needed. Chloretone sometimes did good. Borax was a good alternant for bromides.

Spraling found *Solanum Car.* useful. Bromipin and Dormiol possessed the good effects of bromides without their disadvantages. No permanent benefit had accrued from surgery.

It will be noted that several spoke of the bull nettle. This should be investigated. In the meantime, hyoscine hydrobromate might repay further trial, especially in case of nocturnal attacks occurring in the sleep. Attacks occurring at rare intervals almost certainly depend on the failure of renal elimination, and

a daily examination of the urine for elimination of solids would show what time a spasm was to be expected. Then a quick course of veratrine might prevent the attack. In fact, an evening dose of hyoscine and veratrine would be good treatment for the nocturnal form.

The exclusion of salt seems to have a beneficial effect apart from the favoring of bromide assimilation, since it is beneficial when the latter is not given. The disposition of epileptics to gorge may mean deficient assimilation, though it has co-existed with enormous physical strength. It cannot fail to be disastrous.

The following method of estimating the solid excretion by the kidneys is practicable even for patients of limited education: Save the urine for 24 hours, find how many ounces are passed and take the specific gravity. Multiply the last two figures of this by the number of ounces, and the product by 1.1, and this gives approximately the solids excreted. Whenever this falls far below the normal quantity for the weight, look out for fits, unless prevented.

The normal man exhales force from every pore; his very presence stands for power.

QUACKERY IN "RELIGIOUS" PAPERS.

Dr. W. J. Shacklette, of Kentucky, sends us a copy of *The Western Recorder*, in which the editor seeks to reply to the doctor's objections to the quack advertisements published by the paper. The editor seeks to credit the regular doctor for his philanthropy, and then pleads that because some secret remedies are useful, and the publishers do not know where

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Smythe praises the hypodermic use of quinine in the malarial affections of the tropics, gr. v—x daily.—*Brit. Med. Jour.*

Behla treats uterine cancer by lysol locally and gtt. v—x four times a day internally; adding iodine internally.—*Ther. Gazette.*

to draw the line, all must be admitted. He cites a case where a man received a prescription from a "most distinguished physician," that did him so much good that he formed a partnership with a druggist and put it on the market. The great doctor never knew that he was plundered, and the religious editor evidently has never thought of the robbery thus committed, but actually cites this as a defense of the patents! We trust that his conscience on other topics is more sensitive, or we pity those who accept his leadership in morality.

His conclusion is that as some patent medicines are good, to rule them out would be to prevent some sufferers from receiving the relief they might if they saw the advertisement. Which applies equally to the saloon, the brothel, the thief and the murderer. If the editor is really ignorant of the incalculable harm done by the advertisers of nostrums, he should get knowledge—it is an easy thing to get, as to this matter.

Man was made to hold up his head, to assert his God-given birthright to be a man.

ENCOURAGEMENT AND APPRECIATION.

One morning recently, feeling more or less depressed and temporarily disheartened at lack of progress in various directions and as a result of some unfeeling criticism, and working down through my mail as usual, trying to mete out to inquiring anxious brothers as many words of advice and cheer as I could, I came upon a letter from, I believe, the first subscriber to the CLINIC. At any rate this doctor was among the first six doctors that ever used our alkaloidal

preparations and I quote from his letter:

"I am still a firm believer of the late "Grand Old Man," Burggraave. You have done great service by exemplifying dosimetry in this country, in a practical manner, and your colleagues and suffering humanity owe you a debt of gratitude. I hope your financial reward has been satisfactory, and I trust that when you pass to the happy sphere beyond, you will enjoy in its fullness the reward for your laudable life's work. With prosperous wishes for the CLINIC, I remain, yours sincerely."

You can imagine how much good these kind words of approval did me; and I should not be surprised if the next fifty letters partook of the benefits which came from it. Appreciation is a great thing and when one not only feels but occasionally expresses and directly acts on this appreciation in helpful ways, then we know it is earnest and honest.

Fortune's caresses oft become folly's culture.

STRAIGHT TALK FROM ALKALOIDAL HEADQUARTERS.

THE RAPID-FIRE GUN OF MODERN THERAPEUTICS.

The same spirit of conservatism that opposed the introduction of modern weapons in warfare, of rifled guns, breechloaders and smokeless cannon; and of modern methods of shipbuilding, the introduction of steam, the propeller, the compound engine, iron armor, etc., is still to be found combating the replacement of old-fashioned drugs by the alkaloids, in ready-to-use granule and tablet forms. Nevertheless the latter will pre-

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An English exchange says the colored physician would find in the West Indies a good field without the prejudice shown here,

If my neighbor has corns it is not a sufficient reason for me to go over and step on them. To President Roosevelt.

vail, because they are best, as shown by the following characteristics:

1. Their uniformity of strength.
2. Their uniformity of effect.
3. Their certainty of effect.
4. Their quick solubility and absorption, and consequent speedy effect.
5. Their portability, and the consequent reduction of the weight and bulk to be carried on the person—a vest-pocket case carries the essentials for emergency practice.
6. Their ease of administration and the absence of unpleasant and irritating effects.
7. The necessity of weights, scales, measures and other pharmacal paraphernalia is obviated by the manufacturing pharmacist.
8. The perfection with which their action has been worked out allows really scientific application.
9. They do not deteriorate with age or in any climate, are easy to use, pleasant, safe and sure.
10. They give effects impossible to obtain from the old preparations.
11. Anyone of ordinary intelligence can be taught how to give them and when to stop. Trained nurses while always desirable are not absolutely essential.

Everyone of these statements can be verified by argument or by demonstration. The only question remaining is, whether one is to be ranked on the side of mossy conservatism or of intelligent progress.

Flattery gilds the goose it intends to kill.

SANITATION IN THE COUNTRY.

Notwithstanding the idealistic pictures we see of pretty dairymaids and pictur-

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Hay Fever: Lockard cauterizes the turbinates, eliminates uric acid, corrects existing neuroses.—*Boston Med. & Surg. Jour.*

esque homesteads in the country, the real facts are, that many of the out-houses on the farms are made up of dirty cowsheds. The people who attend them are dirty, their clothing is filthy and the whole condition of things is disgusting. Rural hygiene requires to be placed on a more efficient footing, and the extension to the country of the system of sanitary inspection prevailing in towns is suggested. Villages, it is held, are particularly unsanitary and with ruinous effect upon the health of the villagers. They supply the best conditions for epidemics, and are nearly always suffering from some disease that sweeps away a percentage of the children. A solitary farmhouse may be very badly situated, and be surrounded with the accumulated filth of years, besides having a contaminated water supply to lower the vitality of its occupants, but it has fewer chances of disease than it would have if transferred, with its conditions, to a village where it would incur multiplied danger from nearby houses in a similarly bad state.

Villages, therefore, need the attention of sanitary officers who should have the power to abate flagrant violations of the laws of sanitary science.

In the cities some attention is given to sanitation as a means of preventing sickness, but in the rural districts very little thought is given it. The rustic well of which the poets write is still near the house, and the conditions under which it may be protected from contamination by house-slops are not understood. The barn, or stable, or sink, may be very close at hand, draining after every rain, into the family's drinking water. A farmhouse which takes many summer boarders has been known to get its water supply from a well sunk between a filthy

Since the introduction of cold baths in treating typhoid fever the frequency of intestinal hemorrhage has increased.—Curtin.

barnyard and an old tanyard, with the result of causing stomach troubles in all the guests, yet the effect of the filth supply on water supply was not noticed. The well at one's summer home may be on the slope of a hill the summit of which is occupied by a well-filled cemetery. A flowing spring is often vitiated by a pigpen on an incline above it. One's drinking water may even be obtained from a spring in the cellar, and if the cellar lacks a spring, but is very wet, the thrifty farmer's wife may yet find it very convenient to keep there the butter and milk consumed by her boarders. Not infrequently a good well in the yard—if there be such a thing—is made a source of danger by using it as a refrigerator for milk, fruit, etc., which contaminate it and render it a good "culture medium" for typhoid bacilli. Contamination of drinking water takes a thousands forms. Its effect is seen in the increased sickness of the cities in the late summer or fall after the health-seekers return from their summer outings.

It is a common source of surprise to city people who go to the country for pure air, good water and fresh vegetables to find the inhabitant of the country lacking in health. Instead of being a "picture of health" the farm laborer, and too often the farm owner, is sallow, emaciated, rheumatic and of woebegone aspect. The pure air and pure water of the country are spoiled for him by reason of his ignorance of the elements of sanitation. He drinks constantly bad water, and doesn't know good water when he sees it. He sends his best vegetables and fruit to the city, himself eating the inferior grades, while his wife completes his wretchedness by bad cooking. The frying pan is his evil genius. Instead of

wholesale fresh meat and properly prepared vegetables he gets the year round, fried ham, or bacon, along with greasy messes to which the patient stomach at last succumbs.

A well-cooked chop or steak is not to be had in many parts of the country. The rustic cook feels obliged to sophisticate everything with gravies and other undigestible forms of grease. Even in frying she is too often uninstructed, being unable to fry chicken, oysters, or fish in a simple and appetizing way. Thus those gifts of nature which ought to make every farmer a Methuselah are thrown away, and the really healthy man is too often a rarity where he ought to be always in evidence. The remedy seems to be to teach the elements of sanitation and hygiene in the public schools and create state sanitarians whose functions would be to inspect the homes of the people with a view to the detection of all sources of danger.

The finest fabrics may be woven out of cross purposes.

MODERN METHODS OF TREATING CONSUMPTION.

A great deal of attention is being given in these days to the cure and alleviation of consumption. Europe started a sanatorium in the Davos Platz and we have followed with similar institutions in the Adirondacks, Colorado and California, the strawberry valley resort in the Sierras of the latter state being one of the most inviting of them all. And although consumption is not uncommon in Vermont it is almost certainly the result of the country habit of shutting up the houses against air and light in order to save the carpet. In the latter state,

Habitual constipation in infancy: See if the anal sphincter needs dilation before resorting to any medication.

Hutchinson in 1887 said arsenic caused epithelioma, and this has been confirmed, so that arsenical beer may cause cancer.

cures are reported of men who have lived in cabins and tents in the woods in winter—winters of exceeding sharpness, but devoid of the harsh and rheumatic chill of our climate on the lakes. Indeed, the best cure for tuberculosis is air, pure, dry, seasoned with the balsam of the woods, if possible, but dry, cold and free from the dust and stench of the town. If the patient breathes the air of the hills, he inhales an atmosphere that is not only clear but light, and in order to obtain the requisite amount of oxygen in a light atmosphere the subject must inhale far more deeply than at sea level. In the so-called parks of Colorado, which are from 6,000 to 8,000 feet above the ocean, one breathes almost twice as deeply as in lower levels, and parts of the lungs that ordinarily remain unopened and unused are forced to do the work for which they were intended, even during the unconsciousness of sleep. On the peaks, breathing becomes a difficult and even exhausting business, and persons with weak lungs are not safe until they have been acclimated to these high regions, as it is possible to start a hemorrhage by the strain of breathing on Pike's Peak or any equivalent height. In a Leadville cemetery appears the inscription, "Two poor tenderfeet. Couldn't stand the altitude." But Leadville is 10,000 feet or so above the tide, and to a person with an injured breathing apparatus the strain is severe, and exercise, except for a few minutes at a time, almost out of the question.

In the Tyrolese district to which so many patients resort, there is a watch on all consumptive subjects. The village is only 5,000 feet above the sea, and less, therefore, by a thousand feet and more than the top of Mount Washing-

ton. The sanatorium has open ground about it and splendid mountains rise at every hand, inviting the climbers and stimulating to open air exercise.

There is a good sewage system and the cuspidors are half filled with germicides, while they are scalded and cleaned with chemicals every day. Every room is disinfected when a patient leaves it, and all cleaning is done with damp cloths that are afterward buried. Seventy rooms are provided, but there are rest galleries in which the patients can remain isolated. Air and food are the remedial agents, and both are given without stint to all such as can take them. The day's program for an acclimated patient is this:

- 7 a. m.—Rise.
- 7:30.—Breakfast of coffee, milk, bread, butter and honey.
- 8:00.—Douche of water, beginning at 80 degrees and reduced to 60 degrees.
- 8:15 to 9:35.—Mountain climbing.
- 10:30 to 11.—Second breakfast of bread, butter, and milk.
- 11 to 12.—Walk, with frequent rests.
- 12 to 1.—Rest.
- 1 to 2.—Dinner, with soup, fish, meat, vegetables, roast, salad, fruit, dessert and small allowance of wine.
- 2.—Lounging in open air.
- 2:30 to 4.—Lying down in open air.
- 4.—Lunch of coffee, milk and crackers.
- 4:30 to 6.—Walk, with frequent rests.
- 6 to 7.—Rest.
- 7.—A second dinner of soup, meat, vegetables, cold meat, butter, fruit and beer.
- 8 to 9:30.—Rest, with a pint of milk at 9:15.
- 10.—Bed.
- Massage, alcohol rubs, wet packs and

Physicians wishing to practise in Ecuador must stand the medical examination in Spanish. Except for specialists there is no opening.

In Panama the price of ice has been raised to about 5 cents American gold per pound. It is a monopoly of government.

other measures for strengthening and invigorating are also used, but the main point is that the patient has a plenty to eat and spends ten hours of each day in the air, some of the time moving about quietly and taking plenty of rest and sleep.

The use of milk is encouraged and some adepts consume nearly a gallon a day, though a quart is a fair allowance. Spices are not used and alcohol is permitted in only dilute forms. Vegetables and fruits are urged upon the patients, in preference to meat and fish, though they are allowed to have the latter when they think they require them.

Wraps are thick and plenty, but the windows of the bed-rooms are kept wide open, and in winter the patients may skate as well as walk. Similar courses of treatment will doubtless be adopted in the sanatoria that will within a few years be established in the mountain districts of this country, East and West.

Suffering is the best offering. There is no strength without sympathy.

A MEDICAL DISCOVERY.

Surgeon General Walter Wyman, of the United States public health and marine hospital service, has just made public an important medical discovery by his chief of division of geology.

It appears that he has for some time past insisted that there must exist in this country a disease which corresponds with the Egyptian *Uncinariasis*, yet despite his claim physicians have not found cases of this malady.

The disease, in simple language, is caused by a small parasite called the hook-worm, which gets into the small

intestines and there sucks the blood of the victim. Hook-worms vary in size from one-half to three-fourths of an inch in length, and of threadlike thickness. A few of them can live in the intestine without inconvenience to the victim. Twenty or so will produce a burning itching. A hundred or more become a drain on the victim's life, and a thousand will bring death.

In some cases there were found 1,600 of these little blood-suckers in the intestines of one person.

The genus *Uncinaria* contains blood-sucking worms of the worst type. They are usually not over an inch in length or thicker than an ordinary hatpin. They are provided with a heavy armature of sharp teeth, by means of which they pierce the intestinal mucosa of their host. They have also an unusually strong muscular oesophagus, which serves as a pump during the act of sucking blood. An important point, from the medical aspect of the parasites, is that they do not remain fastened to one spot in the bowels, but suck first at one spot and then at another. Thus the patient loses blood directly to the parasite and also by numerous minute hemorrhages into the intestines.

The worms are swallowed in drinking water or in contaminated food. "Dirt eaters," are, of course, particularly liable to become infected, while persons handling dirt are apt to get the microscopic worms on their hands, and it is an easy matter to transfer them to the mouth, either directly or with food.

A short time ago Dr. Charles Wardell Stiles, zoologist of the bureau of animal industry, was ordered South to study the causes of anemia in the southern states, and while on this trip he found

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In sick headache few remedies are so successful as a teaspoonful or two of liquor ammon. acetatis.—Waring.

Of all remedies for gastralgia arsenic is king, is the opinion of Dr. Clifford Allbutt.

that much of the anemia was in reality practically identical with Egyptian Uncinariasis, but due to a germ which is different from the one found in Europe, Asia and Africa. Dr. Stiles traced the hook-worm to the cotton mills, the copper mine district, and the coalmine districts of N. Carolina and Virginia.

It is more prevalent in sandy regions than in stone or clay districts. The extreme cases seem to occur more commonly among children and women than among adult males over 25, but the present facts at our disposal do not indicate that the malady is quite so fatal as the European form of the disease, caused by *uncinaria duodenalis*. All of the cases so far examined are due to *uncinaria americana*, demonstrating clearly that this is an endemic infection and independent of those cases which have been introduced from Europe, Asia and northern Africa.

There no longer remains a doubt that the disease is one of the most important and most common diseases of the South, especially on farms and plantations, and indications are not wholly lacking that much of the trouble popularly attributed to dirt eating, resin-chewing and even the proverbial laziness of the "poor white trash," are in reality but various manifestations of *uncinariasis*.

The disease is as old as history. It can be traced back to the dawn of civilization through literature. When the Spanish-American war broke out the medical corps of the army noted the prevalence of the disease in Cuba and Porto Rico.

Should the reports expressed above be confirmed, it is clear that a discovery has been made which is of great economic importance to the south, if the

cause of the low condition of the laboring classes can be removed.

To say "no" to the bad, is to say "yes" to the good.

AMONG THE ICE FLOES.

A few days' sail to the northward from any of the Eastern ports, a little steamer is rolling and tumbling through great seas and ice floes. And never castaway sailor saw delivering ship approach with prayers of deeper gratitude than rise from men's lips when the hospital ship *Strathcona* is sighted, working her way along the coast of Labrador.

Scattered along more than one thousand miles of coast, fishing smacks, crowded with not only men but women, who are driven by need to fish for a living, hail the little ship as the only place of refuge for any who become ill or maimed in the hard calling. There is no region where life is harder or serious accidents of all kinds are more frequent, than along the stormy stretch of coast from St. John's, Newfoundland, to Cape Chidley at the opening into Hudson Strait. The intense cold, far below zero for the greater part of the year, causes innumerable cases of frostbite, which, lacking surgical help, soon develop into gangrene.

Every year there is lack of food, and starvation weakens the people until they are an easy prey to typhoid, consumption and intestinal diseases. The only methods of obtaining food are seal-hunting, whaling and fishing. Generally they are carried on in a poor craft, and injuries ranging from broken bones to gunshot wounds are necessarily frequent. For nowhere is the pursuit of animals or fish so fraught with difficulty and peril.

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Particles of lime in the eye are effectually dissolved and the pain eased by bathing the eye with diluted vinegar.—Neptune.

A teaspoonful of mucil. acacia added to the milk of a bottle-fed infant prevents the precipitation of the casein in lumps.—Neptune.

Yet, although the barren land is inhabited by nearly twelve thousand persons, while from twenty to twenty-five thousand sail to it every year in June and July to fish for cod, there was not a single doctor to be found in all its 1,000 miles, until ten years ago, when a small vessel under the care of Dr. Wilfred Grenfell was sent there by the Royal National Mission to Deep-Sea Fishermen.

And it was the most fortunate thing that ever happened to Labrador. For the misery that Dr. Grenfell encountered, the hopeless suffering he found, so appealed to him that he decided, then and there, to devote his life to bringing what alleviation he could to this helpless region.

Month after month the little ship, named the *Albert*, worked her way through the ice and snow and gale, through hundreds of miles of uncharted and unlighted waters, over reefs pounded by mountain seas, seeking out whom she might succor. When her white sails were seen, men came in skin kayaks, in birch canoes, in all sorts of crafts, crazy or stanch, bearing their sick and wounded to the healing visitors.

Too often it was too late to do more than ease the dying moments of some suffering wretch. They found that whole settlements had been wiped out by diphtheria. In one place they saw the rude graves, scraped in the Laurentian rocks, of twenty-nine persons who had died without any attempt at saving them. Wounds of the most severe type were treated by squirting tobacco-juice into them, and binding tightly with an old rag. But even these were wanting in many places, and in many cases death was the only physician. One man had cut off both his feet with a hatchet to

save himself from gangrene, after being frozen on one of his hunting trips.

With such knowledge as this to sustain him, Dr. Grenfell and his little band of assistants fought their way through the long seasons on the coast, and then, on their brief visits to civilization, fought to arouse men to help them in their efforts.

Little by little they obtained assistance. First they got a rowboat. Then somebody helped them in the purchase of a steam launch. Finally another sailing vessel was added to their fleet. But still they knew that this was but scratching at the outside of a mountain of misery. And they fought on until now they have the little but beautifully equipped steamship *Strathcona*, while two hospitals are established on the coast, and one is open in northern Newfoundland, where the conditions of life are almost as hard.

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Purity is the secret of beauty, and mercy the badge of majesty.

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THE DREAD BERI-BERI PLAGUE.

The disease known as beri-beri ("bad sickness"), first described as early as 1629, is especially met with in tropical and sub-tropical regions, but is by no means confined to them. It has occurred in epidemic form in England, Ireland and other parts of Europe and as far north as the Russian penal settlement at Saghalien. The home of beri-beri is Japan, the Malay peninsula, the eastern archipelago and Brazil. It occurs with less frequency in some parts of India, Ceylon and Africa, in western Australia and elsewhere. It is worthy of note that whereas beri-beri was formerly very common in China and rare in Japan, the reverse is now the case. The disease is especially prone to break

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Remember that winter is coming, with diseases characterized by congestion. Break it up with the Defervescent Compound.—E. C.

Cicutine gr. 1-134 every fifteen minutes, acts like a charm in cramps of cholera morbus.—E. C. Garner, Martinville, Ohio.

out in certain districts, and not infrequently assumes an epidemic form; low-lying damp localities are favorable to its spread. Newcomers to infected localities are very prone to attack, but long residence does not confer immunity. In some cases the first symptoms of the disease make their appearance within a few weeks after exposure to infection, in others not for many months.

Beri-beri especially selects crowded centers, such as jails, asylums, schools and ships. Such centers soon become infected, and although the disease may lie dormant for a time, it is very liable to break out afresh with the return of warm weather or under other favoring conditions. It is extremely difficult, no matter what steps are taken to eradicate the poison from a building or ship which has become infected. Defective sanitation plays only a subsidiary part in the causation. Race, age, sex, poverty or wealth neither court the occurrence of the disease nor confer immunity from it, although it is true that adult males suffer, probably from their greater exposure to infection. The immediate cause of beri-beri is as yet unknown and excites considerable discussion and difference of opinion. The facts connected with the disease present a striking analogy to the effects produced by the abuse of alcohol, arsenic and certain other poisons, and by the toxins ("poisons") found in the bodies of patients suffering from malaria, typhoid fever and certain other diseases.

This analogy irresistibly suggests that beri-beri is also produced by a poison. But what that poison is, whether it is manufactured in the body or outside it and if the latter how it gains entrance to the system, are matters as yet unde-

termined. Their solution will do much to help the stamping out of beri-beri. So closely does beri-beri resemble some cases of arsenical poisoning that arsenic has been cited as the cause of the disease, a theory seemingly finally disposed of by the fact that arsenic does beri-beri good. Organisms have been described as occurring in the blood of beri-berics, but as yet no organism has been definitely proved to be the materies morbi. It is, however, practically certain that the poison is manufactured by an organism which produces it outside the body, but by what means the poison then enters the system is unknown.

The fact that a beri-beric rapidly improves after his removal from the affected area is strong evidence the poison is found outside his body; in point of fact, he is in the position of a drunkard whose supply of alcohol, which he cannot form within him, has been cut off. Were the organism in the patient's blood it is highly improbable, though not impossible, that mere removal from an infected center would be followed by such rapid improvement.

It is asserted by some that the vehicle containing the poison is rice—that is, rice of bad quality, in which, presumably, the organism flourishes. While there is much evidence to support this view, there is much against it, and at present the question must remain an open one. Water seems to be beyond suspicion as a means of conveying the poison. It may yet be shown that the toxin is air borne, but until the organism is discovered, and its mode of life and the poisons which it creates are definitely known the means by which the patients become infected must remain matter for speculation.

Whatever the beri-beric poison may be,



Try copper arsenite gr. 1-500 every fifteen minutes, for colic attending intestinal fermentation. Then give Saline Laxative.—E. C. J.

For tender feet of old people: Apply kerosene oil, lard. aa; twice daily, after soaking feet in hot water.—E. J. C., Ohio.

it exerts its baneful influence upon the ends of the nerves, inducing inflammation (peripheral neuritis) and degeneration, the symptoms of the disease being thus traceable to diminution or abolition of the normal nervous impulses.

The disease develops gradually, as a rule, but sometimes very suddenly. The symptoms depend upon whether the nerves of motion and sensation or those regulating the circulation are affected. Thus the symptoms may be chiefly connected with the muscular and sensory system (dry beri-beri) or with the circulatory system (wet beri-beri), but in most cases the two conditions are combined, though one or the other predominates. At first there is weakness of the muscles of the legs, which gradually increases until a stage of complete paralysis is reached, the leg drooping from the knee in a helpless condition; later on the same condition appears in the fore-arms and the wrists droop. The muscular feebleness, ending in complete paralysis and subsequent atrophy gradually spreads up the limbs to the muscles of the trunk unless the patient is removed from the infected area. If the muscles of the larynx are affected the voice becomes weak and may be eventually lost as the paralysis deepens. The paralysis of the limbs becomes complete and atrophy finally takes place unless death ensues.

A will determines our work. Paint does not make an artist.

SCOLDING THERAPY:

Dr. Paul Edwards, of Chicago, says each organ in a man's body is endowed with a distinct and separate intelligence,

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A teaspoonful of vinegar rubbed on the hands after thorough cleansing with soap and water promptly removes the odor of iodoform.

and will respond to reason, expostulation, or in short, to scolding. Being annoyed by a shipmate's coughing, he got angry and railed violently at the offending lung. To his surprise the cough quieted, and the man speedily recovered. He proceeded to extend and systematize the "discovery," and has founded a new school of medicine thereon. Hereafter Xantippes will be in demand. The coded will be strictly "in it"; the female physician will run her brother out of business; and the highest praise awarded one of the more voluble sex will be couched in terms somewhat like these: "She can jaw the bacilli out of a man's lights." Wives will be selected for their lingual development, and the disposition to talk and find fault will be their crowning glory.

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Every task undone means some truth unknown.

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#### YOU BETTER WATCH OUT.

When the CLINIC was started nearly ten years ago, it took the place of a burdensome personal correspondence, and naturally became a sort of a question box or quiz and a place for reporting cases, etc., etc. As such it became and has remained immensely popular. But it is now so big that many of our readers who came to us familiarly seem to find what they want without giving us the help that we used to enjoy, and the long-winded ink slinger is crowding us for space. Brothers, the CLINIC is yours, fill it with helpfulness, such as you enjoy; give what you can; ask for what you want and we'll turn to it and steer the craft to the best of our ability. Don't go to sleep and then feel disappointed at harvest time.

Kuehn says green vomit with no bile is present in hyperacidity, and due to algae in food or drink.—*Phila. Med. Jour.*

# LEADING ARTICLES

## THE DOSIMETRIC (ALKALOMETRIC) METHOD.

By Dr. Marty

In *La Dosimetrie*, for September and October, 1902. Translated by Dr. Epstein.

**T**HE evolution of medical sciences and the grand discoveries of the past century, produced a considerable difference between the physician of the past and the one of to-day. Then he was principally an observer of everything that attracted his attention in his patient. Auscultation and the various other examinations which are obligatory on the physician of the present were unknown in the past. The physician's only task was then the analysis of symptoms, and medical science consisted in grouping the facts which evolved from the moment when the patient was first arrested in his occupation by the illness up to the time when he was examined, and then joining all these with the present condition of the patient. And while the study of symptoms was pushed far, the treatment of disease consisted principally in efforts to diminish or remove these symptoms, which manifested themselves in the patient. It is no wonder, therefore, that the study of medicaments, empiric altogether, classified remedies according to the modality of the more frequent symptoms which were to combat.

The physician of to-day, I mean the one who has just emerged freshly ground out from our faculties and hospitals, disposes of all the remedies which actual science offers for the control of his medical observation, and searches to penetrate far away into the genesis of the facts which he is to interpret. Symptoms appear to him as mere accessories and what he wants is the cause itself, so that he might strike at the very foundation of the evil and so upset at once the entire symptomatic structure which that evil began to erect.

Where is the truth in these two ways of treating the sick? Assuredly neither altogether in the one or the other but in both at once. If it is indispensable to make the diagnosis of a disease, it is not less true that such and such a symptom may be so rude and acute, that so far as sufferings are concerned it may seem to be the whole of the disease itself. At all events the treatment will be that which will most benefit our patient, who always asks us more than we can give him.

It pains a physician's heart enough when such imperious, arrogant and at times even wicked demands come from

pardonably soured unfortunates, the end of whose long-sufferings seems to come again and again and yet never comes, but it is utterly insupportable when such demands come from people who are accustomed, because of the power of their money, to be instantly obeyed and completely satisfied. And under such circumstances how much will the physician bless the alkaloids, these arms of precision which modern chemistry puts at his command, and which a learned and happy manipulation delivers to him in the granular form which is so absorbable and therefore so practicable. What advantages do we not all without distinction draw from morphine, cocaine, quinine, etc., and that every day.

Is it not supposable that all other alkaloids might also give us the same benefit as the last mentioned if they were applied in a special way for the cure or alleviation of our evils? And what shall it be said when that supposition has become now an accomplished fact, now that dosimetric, alkaloidal therapy (Alkalometry) opens its pages every month to all; now that those facts can be repeated by every one of us and prove the incontestable superiority of the method and the certainty of action of these forms of medicaments?

My brother physicians, permit your ears to hear, see with your own eyes the effect of the alkaloidal granules, and like my teachers and like myself you, too, will declare then that you owe to them the better satisfaction of your career.

And you my student friends, whose great desire is to pass rapidly your examinations and receive a diploma, consider the remedies which you will put to action in order to make yourselves useful to your fellowmen. Manage pharmacodynamics and the alkaloids when

ready to enter the medical career, for you are going to bear the heavy responsibility for the life of your neighbor. Yes, heavy responsibility, this is just the thought which the teachers are in duty bound to seek that it penetrate into the spirit of their pupils; in duty bound to make them reflect and to aid them in recognizing all the charges which this responsibility comprises. In doing so they will render the young physicians the greatest service which they could obtain from their instructions. This thought thoroughly acquired will give the student that which he must do in order to be on a level with the task which he has to accomplish, in order to fulfill all the duties which human society has the right to expect from him. It will push him to a profound study of pharmacodynamics which he ignores almost altogether, to the study of the active principles of which he knows nothing, but which comprises immense and rapid advantages, a study which alone can give him that notoriety, that healing celebrity, which he so ardently desires to conquer.

When the physician comes to the bedside of a patient, he must conclude as quickly as possible what medication he has to give, must meet the indications of a rational treatment which should be useful to the unfortunate one who implores his prompt help. This result he can obtain only from a profound knowledge of the hereditary antecedents of the patient and of his relatives and from the history of the sickness, its development up to the present and the course which it seems it will follow in the near future. This is what is called a clinic. The physician we will suppose has rummaged through all that, has noticed everything, and so settled the first part of

Just jugulated two cases of pneumonia with the Trinity and Intestinal Antiseptics.—W. S. Yoder, M. D., Pennsylvania.

I have taken the CLINIC some time and like it very much. The alkaloids mark a new era in medical science. I use them.—E. J. C.



the problem, which is now to determine the medication, and so the second part of the operation begins to be effected.

You must not believe that this second part of the task will be more easy than the first. The therapeutic indications present so many more difficulties the further the physiology of the medicament and of the sick individual is from being fixed. Much has been written about the action of medicaments generally and particularly. Many points have been cleared up already.

Houchard says, that we know now that a remedy administered in different doses has different actions, so that it may well be said that there are many remedies in one remedy. So we know that the cardiac action of digitalin can be obtained from relatively small doses but to get its antifebrile action requires much larger doses of it. Quinine reduces the temperature and yet it can be shown to elevate it in certain alleged grippal pneumonias when it is not combined with aconitine and strychnine. Arsenic in some milligram doses (gr. 1-65) is a restorer of nutrition, but much higher doses will be necessary to combat successfully a rebellious paludism or a pretubercular anemia. Digitalin is a powerful diuretic in cardiac cedema, while it hardly acts diuretically at all in compensated heart-disease. But it must also not be forgotten that there is a capital difference between the action of a medicament on a healthy organism and on that of a sick one.

The phenomena of some toxins on healthy persons have been studied much and toxicology has thrown light on the successive phases which the animal or human being passes through when a determined active medicament had been

ingested, but there remains yet a good deal to be written on the influence of the same medicaments and their curative action on a disease to be cured, so great is the variance of the physiologic effect of a medicine on a healthy person from that on a sick person.

Just this will be the merit of dosimetry (Alkalometry) that it studies the active principles and especially the combinations that can be formed of them in their curative applications to morbid states. What is there more important for us as physicians than to know how a patient will react in the presence of a medicine, than to be well assured of the party on which we can confidently draw in the different cases to which it is appropriated?

It is hardly necessary to insist upon the self-evident necessity of using the alkaloids and their definite products from the same laboratory if you want to have uniform action at all times instead of using the variable extracts, tinctures and even the alkaloids which may differ not only in different pharmacopœias but even in every apothecary shop.

The subject has been thoroughly studied by men against whom there certainly cannot lay the suspicion of partiality. The works of Dujardin Beaumetz, Domergue, Hobert, Dorvault, Bourgoin, Soubeiran, Dupuy of Toulouse, the thesis of Rebault of Toulouse, the opinions of Vizier, Guencan, and Mussy have shown all the differences that exist in the names and the preparations of tinctures, spirits, extracts and even alkaloids.

But in our great quest for the indicated and appropriate medicine the remedy is not the only necessary thing for the attainment of our purpose. We need also in solving this problem the same



Intestinal antiseptics and elimination are two of the most important factors in the practice of medicine.—J. R. Montgomery.

Drainage of all the tracts in the body will rid the patient of a large quantity of toxins.—J. R. Montgomery.

thing which we need in all the actions of our lives, and that is the choice of a method how to put clearly the indication of the desired treatment and its administration. Now what shall that method be? It must be, above all, a rational method, one which constantly subordinates therapeutics to a rigorous pathogenesis, one which is based on the reciprocal relation between clinics and physiology. Moreover, it must be a method which comprises all the problems to be solved. A patient being given we must try to get him cured or at least get a result that approaches a cure nearest.

All the efforts of the physician tend always towards the one single aim, which is the therapeutic indication. There is a unanimous agreement that there are not many methods of taking care of a patient. All examples that can be cited prove that when the diagnosis is once made, and that is always done in the same way, then the clinician invariably comes to think of the proper remedy. And just as the straight line is the only shortest distance between two points, so too there is only one line to reach rapidly the result demanded. This is dosimetry (Alkalometry) which can assume the entire responsibility of showing the direct road which leads the patient to his health.

But before going further to prove what I advance here you will ask me, why is this dosimetric (Alkalometric) method not accepted by all learned physicians? Because the most incontestable truth demands years for establishing itself, slowly and progressively, while errors get at a bound to their fame and are tenacious. The study of medicine shows always that to institute a successful therapeutics,

there is need first of all to have faith in the remedies, in their actions, that we know them well; then after thorough clinical observation decide upon their appropriateness. What then shall we say about pharmacodynamics when clinicians are so rare? A tour through our hospitals will show us professors of incontestable deep erudition, of an eloquence facile and elegant, but who have rarely made an exact prediction.

Some scientific men give themselves exclusively to a particular study, say experimental physiology or pathologic anatomy, and they wish to explain everything by their special study or experimentation without minding the fact that they think their sciences farther in advance than they really are. As to those who so far as alkaloids are concerned pay no attention to the labors already accomplished, despite their scientific titles, they belong to the retarders, the boastful and the dishonest.

During thirty years Burggraeve and his disciples have accumulated proof upon proof, clinical facts upon facts, and that upon all diseases, of all the organs and of all their functions, of all parts of the body, in all parts and all climes of the world; and the exactness of all their statements has been recognized as true by physicians who were and are ignorant of each other's existence and who will probably never know one another; is it then possible that these immense labors of the master and of his so many pupils should be lost after passing their lives first in controlling his teachings and then applying them? Certainly not; for dosimetry (Alkalometry) is not a system, not a routine, but the veritable therapeutic method, the only one which is of use to



Drainage in the practice of medicine is at least as important as is drainage in surgery.  
—J. R. Montgomery.

Acute lumbago: Perigo urges sulphur and potass. bitart. for the sudden and very agonizing type, like colic.

the patient, for it gives him what most he desires, appreciable results.

Alkalometry is an integral part of any clinic that is most sound, of a clinic that does not change, because it is perpetual; and that because it does not begin the triumph of its applied medicines until it has first cleared the way for them by the light of as exact a diagnosis as is possible, or if not possible then by the light which symptomatic medication affords. The dosimetric (Alkalometric) method is, as Burggraave has said, the jugulation of disease and not a modification of it by contraries or similars.

If it is symptomatic at first, it is because it seeks to avert the disease when it could not be prevented in time any more. No one denies that the conquests of medicine are considerable but it is true also that many points in the human organism are yet doubtful, obscure, and inaccessible. There are horizons which are somber and impenetrable. That which frequently startles the conscientious physician is that after unheard of strenuous efforts there is yet imperfection of diagnosis, uncertainty and little assured conclusions. In such a state of things one can appreciate the good which a method does, which acts like a touchstone; and which if it does not give a perfect estimate, gives you at least that which approaches exactitude.

Can it be said that dosimetry (Alkalometry) because it is symptomatic can pass itself instead of diagnosis? By no means this, but it has the great advantage that in the absence of any possible diagnosis it can put a rational and incisive therapeutics against the disease which we are called upon to combat. Rational, because it addresses itself to that which

harasses the patient most, and which seems to be the all of the disease. Incisive, because it battles with arms that are really efficacious, with energetic alkaloids put in the convenient and practical form of granules.

How often does it happen that actions like these will solve both the uncertainty of the diagnostic problem and the disease too at the same time? How great is the astonishment to see truth delineating itself to our view after conducting the Alkalometric line of treatment, for then it is no longer to go gropingly in the dark, but in plain daylight. The patient is put under the action of the dominant medicament which will war against the cause of the evil itself, and the symptomatic variant medicaments will at the same time calm the effects of that evil, while the curative dominant does its thorough work.

Moreover the dosimetric (Alkalometric) method gives the practitioner all that which he has the right to expect and demand of any method. It well allies clinic and therapeutics, as the judicious and learned Huchard demands these two inseparable companions, and his should be opinions, in these matters, universally acceptable. In all his teachings he expressly avows that dosimetry (Alkalometry) fulfills well all the conditions that are necessary and sufficient. The dominant medicament meets the pathogenic demand and the association of medicinal alkaloids (compound granules) acts compensatively by their searching movements among the healthy organs, stirring them up to come to the help of the diseased ones.

Finally, this method is physiologic because it discards empiricism, because it

Myalgia: For lumbago and torticollis Perigo advises carbon bisulphide well rubbed into the seat of pain.

In using carbon bisulphide always leave verbal and written cautions as to its highly poisonous character.—Perigo.

has established the law of therapeutics which up to this time was abandoned to the eventualities of chance. This method does not commit the mistake of investigating the physiologic actions of medicaments in healthy persons and animals, but precisely the opposite, it investigates these actions in sick persons, and by its accurate measurement of the dose it obtains the appropriation of the remedy to the strength of the patient and the intensity of the disease.

Can dosimetrists (Alkalometrists) be reproached, as physicians often are, with frequently changing their "fixed ideas?" Let us see: What is our fixed idea? Is

it not to observe first our patients and that for the purpose of ascertaining clearly the exact physiology of the sick person? Then our medication, is it not always the same, since it uses the same remedies, administering them in the same way, micro-tachy-dosic (small, rapid doses) or micro-brady-dosic (small, long-intervalled doses)?

Any one reading this journal will find instructive facts, stated by co-workers more authoritative than myself, from their daily practice. I propose nevertheless to pick out some facts to put in the proper light the points made in the present article. *Bis repetita placent.*

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#### PREVENTIVE MEDICINE: ITS FUTURE POSSIBILITIES AND DUTIES.

By G. Turette Bodfish, M. D.



EVER in the history of medical science have there been so many wonderful discoveries, so many rapid strides in advance, as during the past twenty-five years. All schools vie with each other to see which can most successfully carry out the idea of curing diseases "quickly and pleasantly." The masses have their choice between the Osteopath and Masseur, the Christian Scientist and Faith Healer, the Homeopath, Eclectic and Regular, and many other methods, sensible and rational, or senseless and irrational, as the case may be. Truly a most bewildering array of curative methods.

But what do all the advocates of these various cults and schools have to say about the prevention of disease? With our array of talent and expenditure of money in the many hospitals and dispensaries, is there one thing done in a thorough and scientific manner to prevent

disease? It is true that in the use of Peruvian bark and its derivatives we seek to prevent malaria, and by the use of serums and antitoxins to arrest the growth and prevent further development of specific diseases, and in vaccination we make the effort to prevent the growth and spread of smallpox. With these few exceptions—and several others to which reference will be made farther on—we have done nothing in the way of preventing disease.

But are these methods preventive in the highest sense of the term? We vaccinate and use quinine before the disease actually makes its appearance, but the cause of the disease is still present in the locality. Moreover, neither vaccination nor quinine are real preventives, but are only substitutes for the disease itself. The serums and antitoxins are not used till we see some symptoms of disease present, either in the patient or im-

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Perigo warmly commends Aspirin in diabetes, as well as in the various forms of rheumatic and uric acid affections.

Wittbauer recommends Aspirin as an analgesic in influenza, neuralgia, gout, and especially to relieve cancer.

mediate neighborhood, so we cannot call these agents preventives in the true sense of the word.

It is not my purpose to argue for or against the use of serums or antitoxins, or the merits of vaccination and the use of quinine. They all have a proper field of usefulness and as remedial agents do their work, but they are not preventives inasmuch as they do not aim at causes but at results or effects.

There is much being said and written about preventing and aborting certain cyclic and contagious diseases when we can see them in time. There are those who claim it can be done. We have seen it done, many of us, during the past ten years or so, and some of us have done it ourselves. We have accomplished wonderful things in medicine and surgery; in the use of drugs our skill is sometimes magical; again, we stand helpless to see how little we actually know, when we find a disease we cannot repel or a person whom nothing seems to improve.

Where is the error and what is the remedy? We have to confess that there are a few evils for which we have no remedy, some organisms which baffle all our skill to understand. It is only the *post-mortem* that reveals to us the real cause of disease and death; but if we had the patient back again, could we have done anything better—could we have saved him? We all know what the answer is.

There are yet greater discoveries to be made before we can cure all the diseases to which humanity is liable. We will all grant that our knowledge of *Materia Medica* never was greater than it is today, even with all the constantly increasing new drugs and synthetic compounds

that are daily put upon the market. Busy as we are, we keep abreast of the times and allow no newly discovered drug to go untested or unstudied in its uses. We are amazed at the wonders accomplished by surgery, electricity and the x-ray. The remedies for disease go on increasing with bewildering rapidity, till we ask ourselves which is the right one and which will do the work, surest and safest?

We will acknowledge then that as physicians and surgeons none rank higher than we do. Our medical skill and surgical technique cannot be surpassed even by members of the profession abroad. No country can outrank us in the unselfish devotion displayed by our profession everywhere and under all circumstances. Prompt in action, rich in resources, strong of body and sound of mind, the medical profession stands at the head of all others. Brave, noble, resourceful, self-reliant. Who would not be a physician with all the power and opportunities he has for doing good—even if he is abused at times by a seemingly unappreciative public? The chances of achieving greatness—of being a benefit to mankind—are not equalled by any other profession on earth. Power and knowledge are ours, and the social supremacy that goes with these possessions. Knowledge and brains rule the world, always have and always will.

With all our knowledge, supremacy and power, are we conquering disease in proportion to our efforts and labors? Do the results show diminution in disease according to the population, and mark you, we say in proportion to what we do as a profession? It is true that we do not lose entire villages from the plague, cholera and smallpox, as frequently oc-

Mueller commends Aspirin in cystitis, especially with alkaline urine and phosphaturia. —*Texas Cour.-Rec. Med.*

Besancon has found Aspirin useful in chorea, regarding it as a manifestation of rheumatism rather than a neurosis.



curred several centuries ago in the old world. The cause of this improvement is due to the birth and growth of this very idea of Preventive Medicine.

But we do not carry out this idea in every walk of life. The masses live, move and have their being, without a thought or care of what is best or right for themselves, or for those who are to come after them. The combined efforts of all the various members of the noblest and grandest profession on earth have as yet made but little actual progress in the prevention of disease. Of what avail are the self-denials, the altruistic lives, the great discoveries, the long years of patient and persistent investigation when we cannot or do not influence society to prevent disease?

Is there anything we as members of the medical profession can do to change all this? Of what use to possess knowledge and the power that goes with it, if we do not so combine that knowledge and power as to bring about the very result for which we are all working—the prevention and eradication of disease?

No profession or business in the world gives so much of its time, talent, brains, energy and money, for the benefit of humanity, as the medical profession. Do the results obtained repay us or indicate fairly what we have done? Why should the physician be expected to give his services, his capital in stock, to the masses? Do the members of any other business, trade or profession, do it? Why should not the physician who gives his services to the public be paid, as well as the school-teacher, and by the same power—the public—as it is represented by the government?

The world cannot do without the physician, no matter how much it may ridi-

cule his efforts and his results. In time of sickness and danger the educated physician is the man relied upon, the one who becomes at once dictator and absolute ruler. With all our knowledge and power, what can we do to uplift the race, to sweep disease from the earth, to bring comfort, ease and harmony again, where now there is ignorance, pain and in-harmony?

Preventive Medicine is of fairly recent origin. As civilization increases, as people become better educated and knowledge more widely disseminated, the demand is made for liberation from these curses of humanity—these terrible diseases that rob thousands of mothers of their babes every summer, that cut down in the bloom of youth, both sexes of our land, that bring sorrow and gloom before its time to every household. It is but natural that the world should look to our profession for their freedom. Believing in us in time of sickness they now, more than ever before, expect us to ward off that sickness before it approaches them.

How can we do this in any better way than by giving greater power, greater scope, to our various State Boards of Health? These Boards should have absolute power in making laws which relate to the health of the people. For years the writer has held ideas upon this subject which if put into execution would accomplish what we are all striving for—the prevention of disease. All districts, villages, towns and cities, should be divided into medical wards according to the population, and in thinly populated districts according to distances covered. There should be a head Medical Board to have charge of each separate ward or district. In each ward there should be a

Renaut affirms that a renal lesion always results when chloroform is given to the production of anesthesia.

Quinine lessens the oxidizing power of protoplasm, inhibits cell motion, slows nutrition, raises arterial tension.—Martinet.

physician and medical assistant who should make regular weekly or fortnightly visits upon all the members of that ward, excepting those who would prefer their own private physician whom they would pay.

It should be in the power of the board to make and enforce laws for the maintenance and preservation of the public health. Absolute cleanliness of houses and occupants should be insisted upon. It should be the duty of the inspector to see that water and soap are provided for those who cannot otherwise get them and to enforce the use of these materials. To break any of the laws of health and cleanliness should be considered a misdemeanor and be punished accordingly, either by a fine or confinement in an institution where the orders would be rigidly enforced.

By making frequent visits the physician could prevent undue carelessness and neglect on the part of the people who need the most care, and would also anticipate the advent of any disease by appropriate treatment or medical remedies. In this way long illnesses and the consequent spread of disease would be forestalled. It often happens that a disease has taken full possession of a person before being recognized either by the victim or his friends. The regular visit, the timely advice and proper remedies, would thereby abort any disease and in time result in its disappearance from the locality or kill it entirely.

The Board should have the appointing power and should elect those qualified by skill and experience to fill the position of Head Ward Physician. The Ward Physician should select his own assistant, or assistants, if necessary in case of epidemics, and these could be supplied generally

from the senior classes of the State Medical Schools. The medical inspector of streets and houses and distributor of soap and water, should be a younger physician with assistants for the manual details. All these officers should be salaried graduated physicians, except in case of assistants, who may be under-graduates or recent graduates. These salaries are to be paid by the State and are to be sufficient to maintain the officer according to his profession and the dignity of his calling. There should be at least one physician to every 500 inhabitants, or less if it were found good work could not be done for this number. For the Hygienic inspector of streets there should be as many officers appointed as would keep the streets and houses in an absolutely clean condition.

As these changes are made the need of dispensaries and hospitals would gradually die out, except in a few rare instances where a small hospital here and there would be required for infectious cases—until these in time should disappear. The pauper and criminal classes would grow less numerous, for it is a well-known fact that cleanliness conduces to industry and right living generally. The money saved from these avenues of expenditures, hospitals, dispensaries, poor-houses and prisons, would now go to swell the State fund for support of State physicians.

The Medical Schools should be State University schools, with a faculty supported by the State; a faculty composed of men who are not practising physicians but who devote all their time to medical research and investigation. Men who are neither Homeopath nor Allopath, but simply physicians and scientists. It is utterly impossible for the busy, practising

Quinine stimulates nerves in small doses, sedates them in large, feebly excites muscle contraction and digestive secretions.—Martinet.

Nobert favors the contention of the Indian physicians, that de-emetized ipecac is best for dysentery.

physician to give all the time required by the advance of medical science to his college work; and hence in justice to the students and to the public, it is only right that the college faculty be men who give their entire time and energies to the instruction of those who depend on them for the latest and most accurate medical knowledge.

Frequent conferences should be held, at which the latest theories and discoveries should be discussed, and in which the busy practitioner should take part, in order that perfect harmony prevail between theory and practice. The branches taught should be only those that relate especially to the science of medicine. Those students not properly qualified by a preliminary education and training should not be allowed to enter. No college should admit to its classes any man or woman who would not be an honor to the profession.

It should be the aim of these State schools to investigate the claims of the various medical sects and find out what is truth and what is error, till in time the graduated physician should come to know all there is of truth in medical science regardless of the name by which it may formerly have been known. Meanwhile, until the physician of the future shall have acquired this broadened outlook and increased knowledge, the State will require physicians of the various schools, in order that the public may not feel that its liberties have been encroached upon.

Of what permanent good are our hospitals and dispensaries? The sick go to these places for treatment, remain till well, and then return to their former homes of uncleanness and possibly filth! The good they have received, the benefits derived, are not lasting. We are only

dealing with results and not aiming at causes, when we continue in our present system of dealing with sickness as it prevails among the masses.

As one means to prevent the alarming increase of insanity, there should be State Nerves or Rest Cures, to which people may go for quiet and treatment before they reach the deplorable condition from which there is seldom a return to the normal state. When Preventive Medicine begins its public lectures, advice should be given as to the dangers of the constant rush and hurry of every-day life, the danger of dwelling on one subject continually, of yielding to intense anger or jealousy, the wisdom of having regular hours of rest and quiet, the folly of devoting all one's time to any one subject or object, whatever it may be, but to have diversions and recreations in some other direction. There is a large field for Preventive Medicine here, for nervous diseases and insanity are increasing at a woeful rate.

The public school system is far from perfect. Instead of being graded to suit the brightest minds they should rather aim to accommodate the dull and slow intellect, for it will never injure the bright scholar to be kept back, but on the contrary those who are rushed and pushed through school and college receive an injury from which they seldom recover. The law allowing children to be removed from school at the age of 14 years and put to work is an unwise one and should be repealed. It is at this age that the child needs the greatest care and oversight. Some other arrangement should be made by the State by which the family can be helped without injury to the growing members of the community. Ignorance is one of the great-

Pascualt says the chief cause of rheumatism is over-feeding. Vegetable diet, thorough mastication are the true remedies.

Lorand says diabetes is never radically cured. Hydrotherapy is his chief reliance. Prevention is the best remedy.

est causes of disease and so long as we allow the masses to remain in ignorance just so long will we have diseases to combat. A boy or girl who is removed from school at so early an age has neither trade nor occupation, and may in time drift into idleness, crime and debauchery, and become at last a burden to the State. It is wiser, therefore, for the State to prevent this by keeping all children in school till fitted to fill some role in life that will prevent their being a burden upon society.

Competitive examinations and prize-giving in all schools and colleges should be discontinued, for many a bright intellect has been ruined and many rugged constitutions undermined by this false idea of greatness and "smartness."

Lectures should be given to the children upon subjects with which they ought to be familiar but which they now learn in a base and surreptitious manner. Properly qualified men and women physicians should talk to the boys and girls upon physiology and hygiene; teach them how important it is to respect their bodies by keeping them pure and clean, and their minds still purer; show them the results of evil thoughts and evil habits. To the young men and women lectures should be given upon the sexual organs, in a plainer and more comprehensive manner than in the lower grades. Both young men and women should be told the horrible evils that result from abuse of the body in any way. If properly treated this subject would not shock the refinement or modesty of the most sensitive maidens, but fill their minds with a higher, holier, nobler idea of life, and the part they are expected to take in it as wives and mothers. Boys and girls

are taught botany and zoology, but the mysteries of their own being are an unsealed book to them. This is neither sensible nor wise; nor is it just to those who are to make the future fathers and mothers of the world.

In talks with grown up boys and girls we have been horrified to learn of the many temptations that surrounded their school life. Vile stories and still viler pictures circulated in their midst, made such an impression on their minds that they never could forget them.

The only way in which we can remedy all this evil is to tell the truth, the great, grand, wonderful truths of their own beings. Teach them respect for themselves by showing them what mysteries lie in every part of their bodies; tell them the truth in a natural, simple, clean way about the mysteries of the generative organs, and what they are for and what they are not for. There is not a boy or a girl but would be better, purer and stronger for such a revelation. Preventive Medicine has a right to step in and assume all charge of this department of knowledge as so briefly outlined here; for if prevention of disease is the object of its existence then the public school is one of the first sources of danger to which it should direct its attention.

We have not overdrawn the evils and dangers that continually surround the boys and girls of our schools and streets; if anything we have refrained from saying too much. Let those investigate these dangers who have a right to do so, and they will find plenty of work to do and plenty of helpers in the fathers and mothers who patronize the schools. Not until the truth in regard to these generally avoided subjects is told to our boys



Bad breath: Rinse the mouth and throat with salicylic acid solution, saturated, and swallow the same also,

The offense which is committed with pleasure is more blamable than that which is committed with pain.—Marcus Aurelius.

and girls will we have a moral, upright community. When boys are taught to respect their own bodies it will be a step toward helping them to respect the bodies of others. The habit of self-control and self-restraint should be taught among other things, so they may early learn how to keep their animal passions of whatever nature in check. There is too little

taught in the schools on these subjects—too much left for the home; with the result that it is not taught at all, or picked up on the street. With proper instruction in this direction an array of diseases—mostly nervous—would pass away and be forgotten in one or two generations.

153 Mass Ave., Boston Mass.

(To Be Continued.)

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### DIPHTHERIA.

By W. W. Lasley, M. D.

Read before the South Kentucky Medical Association, May, 1902.



IN reporting these cases of diphtheria and their treatment, I hope to hear the experience of every physician in this association, both for and against the antitoxin treatment. I am aware of the fact that the doctors are divided on what they call "horse juice"; the fact is, some of us are too *anti* to be progressive, while others are too progressive to be safe. The cases which I shall report to you to-day were not cases of doubtful diagnosis, but were well marked and of that fearful type which too often leaves the physician with unpleasant meditation and the homes of the patients desolate.

Case 1. While passing a farmhouse, November 19, 1900, I was called to see a little girl, aged three, whose mother said she had been suffering with croup for four days, and that notwithstanding she had tried all the remedies for croup the child grew worse. On entering the room I recognized what I believed to be a severe case of diphtheria, which on examination found correct. I believed the case too far gone to be reached with the old remedies, but not being prepared then to use the antitoxin I used an anti-

septic wash, mopping the throat every two or three hours. At 6 p. m. I obtained the antitoxin, and injected 1,500 units, also continued the antiseptic wash. Twenty-four hours later I found marked improvement, the membrane had not spread, the laryngeal symptoms were no worse, and the child was bright and cheerful, had taken food and wanted to run out and play. I administered the second dose of 1,000 units. I did not see the patient again, as it died at 6 p. m. From the history I inferred it choked to death from loosened membrane.

Case 2. October, 1900, after having attended an obstetrical case and preparing to leave the house, I was asked by the mother to look at her six-year-old boy, who had just returned from a neighbor's and was complaining of a bad cold. He was hoarse, throat red but clean.

I prescribed calomel and Dover's powder, and an antiseptic gargle; and directed that he be kept in doors until better. Two days later the father reported him worse, and I found on my arrival his throat covered with membrane, glands of neck swollen, hoarse cough, hurried and labored respiration, weak

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Quinine arsenate gr. 1-6 about equals gr. 1 of the sulphate therapeutically in the treatment of malarial affections.

Biliousness: Clean out the stomach, render it aseptic, then let it have a full day's rest, and light work following.



heart and cyanosed skin. I remained with the patient all day, using the old tried and true remedies, but all in vain, death conquered.

Case 3. Jan. 16, just three months and seven days later, I was called back to this home to see a daughter of 5 who had fallen a victim to this same disease. She had been sick five or six days when I saw her. Her father had mopped the throat regularly from the beginning of the attack with a solution of chlorate of potash, muriate tincture of iron and carbolic acid. The parents would not consent for me to use antitoxin, so I went to work along the old lines. At my second visit two days later I found the little girl much worse, and two more cases in the house, a boy of 4 and a little girl of 2½, the latter much the worse of the two. They still held out against the antitoxin, but on the night of the 19th, the eldest girl died, and the following morning I received a summons to come and bring antitoxin.

On my arrival I found a most loathsome and unsanitary state of affairs; in the same room lay a corpse and three well-developed cases of diphtheria, the mother having contracted the disease since my last visit. The sick spit and vomited on the floor, their clothing and bedding; truly an unpromising field of labor. To the little girl of 2½ I gave 1000 units, and to the mother 1500, this being all the antitoxin I could procure in our town that morning. On my next visit twenty-four hours later, I found the constitutional symptoms better, no increase of membrane; so I administered to the mother 1650 units and to the little girl 1100, and gave to the little 3-months old 250 units as an immunizing dose.

Returned in forty-eight hours and

found the constitutional symptoms had subsided, membranes gone and throats clean, and the most grateful family I ever saw. The infant escaped; and the little boy, who had it in a mild form and whom I treated without antitoxin, was the last to recover. The results in these cases were so positive that no physician can treat diphtheria in that family without antitoxin.

Case 4. Bessie, symptoms were such as to leave us in doubt in the beginning as to the real character of the disease. Several days passed before we realized that we had a genuine case of laryngeal diphtheria, membrane appearing on the tonsils later on. We began with the use of antiseptics and worked faithfully along the old lines. This was one of the hardest fights for life it has ever been my lot to witness. The little patient was aged 2½ years, pale, struggling for breath, rapid pulse, high fever and extreme prostration, restless, tossing from side to side. For thirty-six hours anxious friends spent the long hours watching for the end.

I told the little one's grandfather, a physician, my experience with antitoxin, and after some deliberation he suggested that we try it, knowing that it could only hasten the inevitable should we fail.

At 8 a. m. we gave her 1000 units, scarcely daring to hope at that late hour; but at 4 a. m. the anxious watchers noted a drooping of the tired lids, the breathing grew less labored, and by 8 a. m. she slept sweetly. We repeated the dose of antitoxin and in twenty-four hours she was sitting up and wanting to play, and coughed up membrane, from which time she improved daily and was soon well.

I wish every physician in the country could have seen this case. If my own

Ascites: Stillinger has been advocated, and in cachectic cases and syphilitics it might prove of value.

Biliousness: You don't need much medicine if it is the right sort and given right—on an empty, clean stomach.

children should take diphtheria I should use antitoxin, believing that a pure article and its early use would better their chance for recovery.

Lewisburg, Ky.

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Amen to all you say in favor of antitoxin. Far be it from us to detract by a word from its well-proved value. But it is well to have more than one weapon handy, and we must say that in justice to

the "old method," it is not applied properly by Dr. Lasley. To the diphtheritic surfaces apply the strongest germicides they will bear, and apply them every fifteen minutes during waking, and awake the patient every thirty minutes from sleep to apply them. Nothing less gives the patient a chance; with this we have at least equaled the antitoxin record, and quickly saturate with calcium sulphide.—Ed.

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### PNEUMONIA.

By O. H. Westlake, M. D.

**H**AVING had thirty-five years practical experience in the diagnosis and treatment of this condition, in all of its phases and under all kinds of circumstances, and with all manner of environments, I feel that I can say something that will be some benefit to at least my younger brethren, if not to the older soldiers of the spatula and scalpel.

We hear so much about the treatment of pneumonia; the treatment of its symptoms and the treatment of the patient. The fact is that the symptoms are not the disease; the word pneumonia is not the disease nor is the patient the disease. The symptoms are nature's pathologic signs; don't treat them. Pneumonia is but a name; don't treat it. The patient is the battle-field; don't treat him (tenaciously). Don't waste your time and valor by thrusting your blade into the battle-field, the patient. You say it is the patient that is sick, is wounded—very true; then brethren, if we would be faithful and true allies of nature, let us meet her enemies, the causes of our patient's sickness and the conditions arising therefrom.

In treating the conditions, we make the nearest approach to treating the patient. The prime thought is that we should fully know the exact condition of our patient.

What is the condition of an average case of pneumonia in an adult?

First, lowered vitality, else our patient would never have been sick. Look sharp for that and aid nature in restoring it.

Second, congestion of lung or lungs. Learn that condition promptly and fully, and equalize the circulation as soon as possible.

Third, the condition of the excretive organs, liver, bowels, kidneys and skin. Get these organs to acting freely at once or else your other remedies will greatly disappoint you. Organs that are engorged with excretions and secretions will not absorb our other remedies; in fact this engorged condition of the excreting organs is one of the prime abnormal factors in the "tripod," congestion of lungs, engorgement of excreting organs, and pneumococci with their toxins. Therefore, equalize the circulation, get the eliminating organs in full action

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**Asthma:** When the skin is moist and sputa loose, give atropine gr. 1-500 every ten minutes till the mouth dries.

**Asthma:** All the plants that contain atropine, have won repute in treating asthma—belladonna, stramonium, hyoscyamus, etc.

and you have conquered the "biggest" two-thirds of the disease.

Equalizing the circulation will relieve the difficult breathing, the cough and the pains. Elimination will lower the fever, relieve the brain, delirium, coma, headache, and both congestion and anemia will be either entirely driven away or very greatly mitigated. We next have left the exciting cause of our patient's sickness; the microbes and their toxins.

Another very important factor we must bear in mind, is that pneumonia is a general disease with local manifestations, and the lung is but one point of evidence; or rather I should say, that pneumonia is but one point of the manifestations of the local action of the pneumococci and their toxins, and therefore remedies addressed to this local condition will be of but little benefit and nearly always a harm to our patient; and hence the diabolic cough mixtures are an abomination to such patients.

These are the principles and facts upon which I base my treatment of a case of pneumonia. Always meet the most urgent indications first, the second most urgent one next, and so on. No two cases are alike. There are two very distinct classes of cases, the sthenic and the asthenic; and were you to treat these two cases alike you would play havoc with your patients. Vitality in the asthenic is low, sometimes very low, and this is likely to be the first indication to meet. In the sthenic the lung congestion is the first to meet, with prompt and active elimination a close second. Be very sparing with your antithermics in the asthenics, because nearly all febrifuges are depressant, and this class of cases will not bear depressants, but demands vitalizing, stimulating remedies.



Let us look at a picture of an average case of pneumonia within the first forty-eight hours from the attack. Began with a chill, face flushed, eyes congested, pain in right chest, temperature 104; pulse 120, full and bounding; respiration 30 and painful, cough severe, skin hot and dry; constipated, kidneys sluggish, breath foul and tongue coated brown, headache and some slight delirium, and very restless; auscultation and percussion reveals the lung more or less engorged, tenacious brick-dust sputa.

Where shall we begin with such a case as this? And what shall we do?

First, relieve the lung's engorgement as promptly as possible, by giving one granule of atropine gr. 1-250 and one of glonoin gr. 1-250, every half hour until the blood vessels dilate, which may be known by dryness of mouth, flushing of skin and dilation of pupils; and keep up this effect by a dose of the atropine every two to three hours.

Second, open up to action the eliminating organs. For the stomach, liver and bowels, nothing is so nice in my hands as calomel gr. 1-5, emetin gr. 1-67, every half hour till eight to twelve doses are taken, followed in an hour by a good saline, and aided by a hot colonic flushing with soda borate in the water. For the skin and indirectly for the fever, there is nothing equal to the Dosimetric Trinity No. 1, or the Defervescent Comp. No. 1, as the class of case may be, the last named is for the robust, and the first for the less robust, twenty-five granules dissolved in three ounces of hot water, and one teaspoonful given every half hour till the skin gets moist, pulse softens and fever lessens, and then thereafter a dose every two to three hours to keep the pa-

Asthma: For bronchitic catarrh with rhinitis and asthmatic symptoms, give pilocarpine gr. 1-67 every five minutes till effect.

Asthma: For patients with low arterial and nervous tension, relaxed tissues, give strychnine in full doses—big ones.

tient in this condition, resuming the half hour doses should the fever rise again.

For the kidneys, plenty of cool water, with arbutin gr. 1-6 every two to four hours till urine flows freely, when you may expect a free excretion of solids.

Sustain and increase the vitality, the heart and nervous system also, by giving strychnine nitrate gr. 1-30 every three to four hours; with buttermilk, raw eggs made palatable, and sometimes a little sweet milk and lime water; the buttermilk is very palatable, is nutritious and acts well on the kidneys. If the cough is severe and dry and the patient restless and nervous, I give codeine gr. 1-6, emetin gr. 1-67, every one to four hours as severity of cough requires. If the pain in the chest is severe or even troublesome, I direct hot turpentine stupes on flannel, and wrap the chest closely and well with a broad flannel bandage.

I give my patient every hygienic advantage I can, to be sure, and finally I begin the antimicrobial and antitoxic treatment, as soon as the bowels have

acted freely, and push it unremittingly through the entire disease, and for three or four days after beginning convalescence. And that treatment is this: Creosote carbonate (Creosotal) twenty minims every two to four hours, as case may need, in a wineglass of sweet milk. I also have the patient bathed daily in pleasant water, with thorough massage.

This line of treatment will bring a case of pneumonia to full convalescence in four to six or seven days. To be sure, varying indications require varying treatment; you must be watchful, and detect every indication promptly and meet it squarely; you will never find two cases alike.

The Triple Arsenates with Nuclein will soon straighten up your case, and it will all be done so pleasantly that your patient will be only too glad to pay you his bill—that is, perhaps!

The above is all open to criticism, if any of the brethren see proper to offer any. Ye Editor, come and do likewise.

Midlothian, Texas.

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### THE LATEST MOST EFFECTIVE TREATMENT FOR GONORRHEA.

By Geo. H. Candler, M. D.

**A**S requested by Dr. Abbott in the February Surgical Clinic I shall give as briefly as may be, my experience with an entirely new and most effective treatment for gonorrhea, acute and chronic. Injections and irrigations we have had *ad nauseam*; in curative effects they have been found wanting as a rule. Bougies of solid medicated substances and "flexible" bougies we have also all tried with more or less disappointment, the key note of failure throughout being the lack

of continuous medication and collapse of urethral walls after at best a short period of separation by the quickly melting bougies.

On page 121 of the February Clinic Dr. S. T. Rucker gives a most interesting account of his method of treating gonorrhea by means of urethral packing with a medicated oiled dressing, applied by the physician through a urethral packer. By this means Dr. Rucker overcomes the one vital objection to all other gonorrhea treatments, he obtains

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Asthma: In plthoric cases, uricemics, hearty eaters, give tartar emetic in small doses through the day.

Bladder: The benzoates are best for acid urine, the acid for alkaline; both for decomposed, fetid urines.

constant dilation and medication, but (and this is of prime import), his system has a weak spot almost as detrimental as the others. Experience teaches that in 90 per cent of gonorrheal cases the patient cannot come daily or even every two or three days to the office. Here, then, without questioning the wisdom of inserting a metal body into the affected urethra, is the fatal flaw in the doctor's otherwise excellent treatment. In those cases where the patient can attend at office daily, perhaps the doctor's method has the advantage over the one I am about to describe, for the reason that the patient sees something being done for him and, therefore, pays willingly and accordingly. But for the general practitioner there can, as a rule, be no packing at the office, and yet the same effect must be obtained.

Here is how it may be done by others as I have done it for some time past. A bougie is used consisting of a central medicated "core" (or wick) which after sterilization, is coated in a mold to the ordinary bougie size and length with medicated solidified oils. A pendant and unmedicated portion of the "core" (about an inch long), is left at end of bougie, and in application remains outside the meatus. The bougie is medicated doubly with a definite purpose. The outer coating contains astringents, antiseptics and gonococccides; the core is triply soaked in still more effective agents of a like character when applied. The outer coating, having for the period of an hour or so medicated and lubricated the urethra, passes from consideration, but here the "core" begins its work. It continues the medication, dilates the urethra, and the most important point of all, sets up drainage by capillary

action. These latter effects continue until the core is voided and a new bougie inserted. Here, in a simple form, easily used, and as often as needed, by the patient himself, we have every needful agent for the rapid eradication of the gonococcus and the cure of lesions due to its presence. These bougies are prepared from two formulas and are known as the "Candle Drainage Bougie," Nos. 1 and 2.

No. 1 is for use in acute and primary cases, and No. 2 in gleet, chronic gonorrheas, and if desired, as a final touch after No. 1, in acute cases.

The general technique is as follows: Cleanse the patient's organ with any antiseptic, inject slowly and thoroughly into the urethra: Ichthyol dram 1; glycerin oz. 1; water to make oz. 16. Direct: Stock solution. The solution may be injected with syringe or by any method most familiar to the doctor. Now with a slow, pushing, rotary movement, insert bougie No. 1, leaving the exposed "core" or "wick" at end protruding from meatus, order the patient to insert one after urination, every four hours, and see that he knows how to do it before letting him go. Have him keep the penis elevated against the abdomen, and report on the third day. Then repeat the irrigation and give another three days' supply of the bougies. If the urethra is hypersensitive inject ten drops of 1 per cent cocaine solution at the first visit.

For internal medication I have found calcium sulphide gr. 1-6 every two hours, the thing. Keep it up till the patient is saturated. Keep the bowels open by the daily morning dose of saline and Waugh's laxative granules, two after each meal. If diuretics or alkalinizers



**Biliousness:** It is all summed up in the injunction: Eat the right food, at the right time, in the right way.

**Asthma:** If you deem the case proper for the use of relaxants, you may give emetin or lobelin to nauseaction.



are needed, lithium benzoate and asparagin are most satisfactory.

In old gleet and chronic cases you have always a patient with lowered vitality. Put him on the Triple Arsenates, two granules, *t. i. d.*, after meals, and order a No. 2 bougie inserted morning, noon and night. At the first visit inject ten drops of Euarol into the deep urethra with a long nozzled uterine syringe, taking care to have syringe and Euarol at body heat. Be sure not to let Euarol come in contact with water or wet syringe, as the Aristol is decomposed thereby. Get patient to return every third day for these injections if you can, but if you can't the bougies will do the work alone.

In some acute cases it is good practice to order a No. 2 bougie used night and morning for a few days after discontinuing No. 1, anyhow, never let a case, acute or chronic, get away until it's cured. The man with a "morning drop on pressure," is an uncured man, stick

to him. By this treatment, comprising as it does in the most simple portable and economical form, prolonged medication, dilation and perfect drainage, the average gonorrhea case can be cured in six to eight days; the most stubborn in twelve. Chronic cases average two weeks.

There is no mess, no tell-tale bottles and syringes to humiliate the patient, and clinical experience derived from hundreds of cases goes to show that stricture and other sequelæ are unknown; in short it is the ideal treatment for gonorrhea, needing only a trial to be adopted permanently.

The A. A. Co. supplies these bougies, both kinds, at a reasonable price and perfectly prepared, which means a good deal in this particular instance.

Chicago, Ill.

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This is the doctor's opportunity to make money by demanding and getting a proper fee for a cure that he can guarantee and control.—Ed.

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### BROMINE IN DIPHTHERIA.

By H. J. Neely, M. D.



IN our haste for new remedies, often vaunted and recommended only for the financial returns, we lose sight of some very important remedies. Bromine, used in diphtheria as a fumigator and for its disinfectant qualities, is one of these old remedies. Years ago the attention of the profession was called to the fact that the fumes of bromine allowed to evaporate in a sick room, will effectually destroy the communicability of the discharges. The attendants are all immune from sore

throat and there is no further spread in the vicinity.

With such results reached by competent observers, is it not strange that it has not been more extensively used in the different outbreaks of this disease? Probably it was so modestly noticed, and no one with a large capital was behind to push it by extensively advertising its virtues. Formaldehyde and its generators are not absent from many periodicals, and yet I am sure it is not equal to bromine in diphtheria, and that no rem-

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Asthma: When the malady depends on irritable nasal mucosa, temporary relief follows cocaineization—dangerous.

Asthma: In some cases when relaxation is imperative, the powerful effect of nicotine may be necessitated—dangerous.

edy could surpass the latter. So long as our duty is both to cure the sick and protect the well, we will need the stifling fumes of bromine. Quarantining and labeling both the house and the patient may be right, but when large numbers of people have been exposed to the contagion before these precautions have been taken, and a regular epidemic is threatened, here you will find the very thing you want, and you will never be disappointed in the results if you only go at its use systematically. Just make up an eight-ounce watery saturated solution of potassium bromide, and add one ounce of bromine, and go over the premises wherever there is any chance for contagion to exist, then never allow the room in which the sick are, to be void of the fumes, and you will soon be through with that job.

As already noticed, formaldehyde is now extensively used for everything. There is no doubt about its value where it belongs, but if it is a "kill-all" germs, it beats any other remedy we have ever had. Then antitoxin is injected for its protection. I don't want to go into debate over the different results, but do want to say that it is not prudent or right to make a child who is well submit to the pain and torture of large hypodermic injections of horse-serum, more especially when we can have the same results without it, or the danger commuted.

The contagion is likely always carried by the dust from the floor, walls or clothing, and deposited in the sore or on the throat (most usual); and being a local infection it is subject to the fumes so long as there are no large embankments of a thick membrane formed as a protection. The fumes of bromine penetrate every nook, corner and crevice, and it

does its destructive work with the germs; and this is why all are immune, and the disease is at an end. Of course, the longer this work is neglected, the harder to accomplish and the more protracted is the attack. While the sick sleep the inhalation of fumes goes on, and the disease is being cured without pain or knowledge by the continual application of the remedial agent.

Yes, bromine is the heavy artillery, and Loeffler's army can't stand the continual cannonading. During the years I practised among the hills I never lost but one case, and it for want of a nurse to apply the remedy; the mother in bed also and no member of the family capable. Some of the cases were about as bad as they make 'em; and surrounding me, in the hands of the most capable physicians, whole families were almost wiped out.

To illustrate: The first cases after I learned of bromine, were two young ladies in the same family, who had deferred calling a physician till the whole throat was full of membrane; so were the nostrils, even protruding on the face. An older brother had just gone to bed, and the remaining four members of the family had all eaten and slept with the sick. With bromine and chlorine internally, and the premises attended to and the building fumigated, in four days I succeeded in having all well so far as membrane manifestations; and no new cases either here or in those who had come in contact with the contagion while in the residence. While this illustrates my success, just because bromine does the work, my neighboring physicians lost from two to six in a family.

The rapidity of recovery and the want of systemic effect, all prevent complications and sequelæ, which are so danger-



**Asthma:** Sometimes benefit results from the local stimulation by eucalyptol, applied locally or by the mouth.

**Asthma:** The irritability of the respiratory mucosa may be lessened by saturation with bromides—a poor method.

ous and leave the patient often crippled for life.

Bromine is so old it smells. It is volatile and dangerous to the respiratory organs in a pure state. It has got so badly sunburned during the ages through which it has come, that it is very brown; but with all these objections it still has some good qualities, and I have just told you one. Suppose you try it, even if it isn't in style, and be convinced of its merits.

The writer is on the down grade so far as years are concerned, but not in his

profession; and hopes you won't find fault with him for going so far back for a good remedy..

Butler, Pa.


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Little has been heard of bromine for the last thirty years. During the Civil War it was highly recommended as a local remedy for hospital gangrene. The intensely irritating character of its fumes has doubtless been the bar to its employment. Will Dr. Neely tell us in detail his method of using it, dosage, etc.?—Ed.

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#### A SPONGE SQUEEZED.

By Chas. H. Breuer, M. D.

 HE editor has given us, the readers of the CLINIC, a good reminder in a recent issue, in the article "Don't be a sponge;" and feeling myself smitten by the reminder, I have ventured to have the "sponge squeezed" a little, for the benefit of my fellow readers. It is true, that every reader gets a good deal of information every year from the two CLINICS, much more than he pays for in the dollar for the subscription, and it is certainly his duty to pay for it with the publication of some of his own experience. I am sure that every country physician, who pays any attention to his vocation, and who thinks some about what he observes and makes comparisons with what he reads, must have some original ideas himself. And as he learns a great deal from the original ideas of the many contributors to the CLINICS, he is morally bound to give some of his ideas and experiences in exchange for those he finds in every issue of the CLINICS and appropriates for himself.

I have been a subscriber and reader of the CLINIC since 1897, and must admit that since I began to read it I had to overhaul all I have learned at the college, and changed the treatment entirely.

Soon after I graduated I moved to Texas, where I purchased the practice of Dr. E. A. Rabb, one of the oldest and best practitioners in Lavaca County. He was a very original fellow and had many of his own ideas, and they were good, too. I have learned much from him. He told me once in a conversation: "Doctor, since you have ventured to Texas, into a country that is different from the North and where the resources for consultation of professors are meager, you must first unlearn a great deal that you learned at the college, and learn anew; learn many new things if you want to prosper." And I have realized that he spoke the truth.

Since I began to read THE ALKALOIDAL CLINIC, I have given up the therapeutic nihilism that I was imbued with after I left the college; and I have begun

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Asthma: Coffee has succeeded in relaxing the paroxysms; given very hot and very strong. Try caffeine valerianate.

Asthma: Like all other narcotics, cannabis has succeeded in checking the paroxysm—full doses—dangerous as to habit.

to realize that there is a good deal that can be done in treating the sick, and that most of the diseases to which the human body is heir may be conquered by thorough therapeutics.

This is my first venture to write something for the CLINIC, and I hope it will be kindly received by the readers. I will for the first time give a few hints that I have either learned elsewhere or worked out myself.

In testing for blood in urine, or other fluids, it has been the custom to use fresh tinctures of guaiac and "old turpentine." I have learned a better method, which is more delicate and always certain. Instead of the "old" turpentine, use hydrogen peroxide, about 1 c. c. for ordinary test. The action of the "old" turpentine depends on the ozone it has absorbed from the air. Why not then use solution of oxygen, or ozone rather, in water? I use it now for many years and find it working nicely. It gives a deep blue color if there is even a trace of blood or hemoglobin in the liquid, and if there is no hemoglobin or blood, the reaction is negative.

It is sometimes very difficult to obtain a movement of the bowels in a case of acute constipation, from inactivity of the liver, from fever, impaction of bowels by fecal concretions, ascarides, etc., or from any other cause (excepting strangulation, volvulus or intussusception); and I have seen heroic doses of cathartic medicines administered and high watery enemata used without effect. But there is one way that such acute constipation may be overcome in a very few minutes, without danger to the patient, or any pain or great inconvenience. Take a long rectal tube, moderately stiff, introduce it carefully in the colon, as far as it

is safely possible. Attach to it at the end a large syringe, holding about a pint of pure warmed glycerin and push the glycerin carefully into the bowel. Begin to fill the bowel high up and as it is filled gradually withdraw the tube. I have often introduced two pints of pure glycerin without inconvenience to the patient. Let the patient lie still on his back, and in a few minutes the bowels will begin to move; and you will be surprised how quick and easily large masses of feces and other material will be passed. There is no danger whatever from this large amount of glycerin, as it will soon all come out and take the contents of the bowels along with it. I have used this now for the last four years, in more than forty cases and never found any inconvenience for the patient, or any bad after-effects.

And now I want to give a little experience in managing static machines. I have operated one now for several years, and have done all kinds of work with them in all kinds of weather. I had a good deal of trouble with keeping the machine charged at the beginning of using it and to keep it working in humid weather. When the weather is cool and moist, the machine can be often charged, but as soon as the Leyden jars are connected, it will lose the charge. The difficulty lies in the fact, that the glass of the jars is covered with a very thin, almost imperceptible layer of moisture, which short-circuits the current over the surface of the jars and the machine loses the charge. If the jars are slightly warmed at a stove, or over a spirit lamp, the moisture will be dissipated and the machine will work well. If the whole machine is moist or humid from settling moisture on it, as for instance where it is in a



**Asthma:** A full dose of morphine hypodermically stops the paroxysm, but the danger of a habit is imminent.

**Asthma:** The value of *grindelia robusta* is fully represented by *aspidospermine*, gr. 1-67 every five minutes.

cold room and then suddenly an adjoining room, that has been heated is opened, moisture from the warm air and breath will collect on the prime conductors, jars and other external parts and the machine will be short-circuited. This can be remedied easily, if a large lamp is set under the machine. The hot air from the lamp will soon dry the external parts of the machines and it will work well.

The same applies to Crookes' tubes. When the air is cool and moist, or now in winter if everything especially the tube is very cold, moisture will collect on the outside of the tube from breath and short-circuit the current from the static machine over the outside surface of the tube and it will not glow. It will not generate any x-rays. But if the tube is moderately warmed over a spirit lamp, or near a stove, it will glow up imme-

diately. I have discarded several tubes, on account of them getting too "hard," or getting their vacuum too high, but now I am using them over again with good results. The warming has also good effects on really hard tubes, as the very rarefied air in them expands on warming and reduces the high vacuum in a considerable degree, and they will soon glow brilliantly again.

Crete, Neb.

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The only objection to glycerin enemas is their cost. Crude petroleum has been similarly used, especially effective in breaking up impactions. The exosmosis due to glycerin may be secured by injecting a saturated solution of table salt, or of any saline, and this answers well.—Ed.

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#### SOME CONSIDERATIONS ON THE VALUE OF THERAPY BY ALKALOIDS.

By Thomas Linn, M. D.



Thos. Linn, M. D.

**C**URATIVE medicine to be really efficacious must be based upon two great fundamental points: *Exact diagnosis and precision in drugs.*

We should use these means to overcome the disease, or to at least correct the symptoms, to prevent complications, relieve pain and the organic process that is out of order.

All physicians know the importance of a complete diagnosis, taken from the pathology—pathogenesis—the etiology,

and the symptoms; the nature of the disease, its development, course and modifications.

All physicians should know also that the disease must be specially considered in each individual, and that it is variable according to certain conditions of age, temperament, profession, trade, etc. In fact, as is said in France: "*There are not maladies, but patients to study.*"

Now, scientific therapeutics can only exist if it has drugs that are absolutely certain in their action, so that we must know the nature of the medicament we propose to use, its purity, its chemical composition, and the effects that it is

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**Asthma:** Asclepidin is not a very powerful remedy, yet it has succeeded in relieving the asthmatic paroxysm.

**Asthma:** Delphinine, the alkaloid of the larkspurs, resembles but is not identical with aconitine and should be tried.



capable of producing upon the human body.

This last can be found out for us by experiments upon animals, who by their organization are like unto the human being, and this can be confirmed by clinical experimentation upon man, who is ill.

No laboratory can replace clinical work, but it can give the physician drugs that he can rely upon every time, and no other system can do this as well as the *Alkaloido-therapeutic* one.

This is the only sure method, that employs pure medicaments, whose properties have been ascertained by physiologic and clinical experimentation.

The alkaloidal physician employs the pure chemical active principle, in place of complex natural substances that are more or less uncertain.

It is by no means a new system; it is only a gradual development of a logical and mathematically correct process of manufacture, that is now well known, and which enables us to use pure drugs for the old uncertain ones from plants, that vary in every way.

We have now arrived at a point when we have the right to ask physicians to examine, experiment and judge the alkaloidal system of medicine, if they desire the best good to their patients.

We can now say that the substitution of alkaloids for plant drugs is the greatest victory that modern science has found in these last few years.

We are now at the end of uncertain action in drugs, and in possession of sure agents to work with.

In addition to the disadvantages of plant drugs in themselves, we must mention: The great difference in them, when employed in the cultivated state as the

wild one, when they are taken in certain seasons of the year, when certain ground or earth changes them; also the difference in certain parts of the countries they are found in, whether they are fresh or stale, old or young, also even if they are the *real plants*? Every farmer will tell you of all these changing differences in plants. An herb can in fact be essentially different according to all these circumstances. Then, why use these uncertain drugs, when you can have the pure active principles, whose physiologic action we may be sure of?

Dr. Monnet has tried to give the method of action of alkaloids. Physiologists say it is by catalysis! What is that? Well, it is explained that it is the phenomena that take place when a body puts into action by its presence alone, and not by chemical action, certain affinities that without it would remain inactive.

This needs further explanation to be clear. It is known, say Littré and Robin, that platina, when divided, can transform alcohol into acetic acid, by absorption of atmospheric oxygen; and yet it is not changed itself. Starch is changed into grape sugar by the presence of diastase and diluted sulphuric acid. The alkaloids make an impression on the organic cells in this way.

Van Renterghem says: *The alkaloids, without giving or taking away anything from the nerve cellule, or the muscular fiber, bring about a change in their functions.*

This really means to say, that the alkaloids act by physiology and not by a chemical action. They actually regenerate functions, or at least make them return to the normal.

Asthma: Solanine is scarcely known, but would be a powerful remedy for the paroxysm; gr. 1-6 hypodermically.

Asthma: The best results have been secured by inducing full tonicity, by giving strychnine arsenate to the limit.

Strychnine provokes a reflex irritability of the nervous system, so that its use has for a result an excitation of the nerve function, and if this is abolished or diminished, it excites the cell to act and perform its physiologic action. If our economy is prostrated by infection, or poisoned or some organ is not doing its work, then strychnine, wisely given, will re-establish the physiologic order.

All of the other alkaloids have special actions on certain cells or centers, glands or organs, that give the same action every time we wish to provoke it; pilocarpine with its action on glands, aconitine with its action on the spinal bulb, atropine with its mydriasis, and cocaine in local anesthesia. That the alkaloids act by their presence is a proved fact, from finding a complete small dose of strychnine in the urine a few days after giving it.

Bardet and Huchard advise that we use only the crystallized forms, as they are afraid that the dose of the amorphous may not be exact.

Huchard insists upon the formula of *Digitaline crystallized chloroformic*, what the Germans call "digitoxin;" which is the real active principle dissolved in chloroform.

This is largely a matter of manufacture—if we are sure of our supply source, and get really pure active alkaloids, we can also be sure of their effects.

Nice, France.

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Dr. Linn is one of the leading American physicians established in France, where he has an enormous practice at the lovely winter resorts in the south, Nice and Aix-les-Bains.—Ed.

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### THE ANTI-DEATH SERUM.

By S. D. Tobey, M. D.

**T**HE Twentieth Century is destined to mark the era of wonderful achievements in all branches of science. This is not an original remark, however. Every country paper in the land, and some of the metropolitan ones, made remarks of a similar character when the new century dawned.

The medical journals are just as optimistic in regard to their particular specialty, and to a candid reader of the world's news they seem to be right in their prognostications. Medical scientists have discovered the germs of many diseases, and there seems to be little reason to doubt that a few more years of close application on the part of our midnight

laboring microscopists, will solve the whole problem of disease germs and their antidotes. Already we have the anti-toxins for diphtheria, hydrophobia and tetanus, and are well under way towards finding the antidote to the typhoid bacillus. It is true that the original disease microbe often becomes the victor over its opponent, and the patient dies just as he used to do in the century that is past. It is true that the horse that furnishes the sovereign serum often furnishes more than is expected of him, and kills a dozen or more of children with the lockjaw, as he did a few weeks since in Indiana. It is true that cleanliness, and drainage, and attention to pure water supply, have put an end to yellow fever ravages in

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**Asthma:** The arsenates, all of them, are of great value in the intervals to break up the recurrence of paroxysms.

**Asthma:** A full dose of quinine, gr. x-xv at bedtime, will certainly forestall an attack for that night at least.

Havana, before any brilliant philanthropist had advertised to the world the discovery of an anti-yellow-fever serum.

But with medicine as with religion, there is an amount of credulity in the human race that renders the most wonderful theories in reference to the Great Unknown plausible to many. Especially is this true if the one who advances the theory has acquired his knowledge of human nature in a German or French laboratory, with few associates except the myriads of microbes from whom he is hearing his lesson of the future.

Not long since a learned professor astounded the world by introducing a serum charged with the spermatozoa of a young frisky goat. He was over eighty years old, but he expected to prove by his own experience that he would soon be so rejuvenated that he could once more obey the Scriptural injunction: "Be fruitful and multiply, and replenish the earth."

A few of us old fogies, who were too old to adapt our understanding to every new fad, and who still treated symptoms instead of germs when called to see a sick patient, almost became converts to the anti-old-age-theory, and anxiously and almost hopefully looked forward to the day when we could welcome Cupid's attacks as promptly as our younger brethren. But, lo! and behold! Before the serum could get full control of his somatic tissues, he unfortunately died of old age and our bright visions of rejuvenation were blighted forever. It is true nevertheless, that the most learned of our medical journals treated this wonderful discovery seriously.

But as startling as were the theories of Brown-Sequard, Pasteur, and the other germ scientists, Prof. Loeb of our own land has made a discovery that casts

all the fancies of his forerunners into the shade. His theory carried to its legitimate conclusions would be somewhat like the following:

When ushered into the world man is endowed morally with two principles, one of good and the other of evil. These are constantly contending for the mastery until religion destroys the evil principle, and after that goodness, finally resulting in perfection, ensues.

Physically he is also born with two opposing and contending germs, one of life and the other of death. Hitherto the death germ, although kept for years in subjection by the labors of the members of our learned profession, has in the end always come out the victor, and the graveyard has ever been the successor to the cradle. But, if Prof. Loeb is correct in his conclusions, it will soon be possible to reverse this condition of things, and for talented members of the medical profession to obtain immortality not only for their memories, but also for their actual bodies. By the use of potassium cyanide he has succeeded in prolonging the life of an infant sea-urchin for several weeks, which would be a short period to us, but would be an eternity to the sea-urchin.

His theory is something dependent upon the homeopathic principle of "Like cures like." Early in my medical experience I was called to see a child who had drank a solution of potassium cyanide that had been carelessly left in a photograph gallery. The cyanide destroyed the life germ of that child in short order. Had I been posted in those days in regard to Prof. Loeb's theory, the same deadly drug, properly applied, would have destroyed the death germ instead, and rendered the child immortal.



**Asthma:** Very large doses of strychnine have been required to induce tonicity enough to forestall an attack.

**Asthma:** In so-called humid asthma the redundant secretion may be checked by full doses of a dryer like menthol.

When Prof. Loeb's theories and experiments are perfected, if he is correct in his starting point, the legitimate conclusion therefrom would be something like the following:

Drug stores will be abolished, except so far as they are needed to furnish patent medicines to those monomaniacs who regard them as essential to their comfort and happiness. Only one physician will be needed in any community, and his duties will be to attend all cases of births, and to examine the newborn infant. If he or she is sound in every way, with a good brain and perfect constitution, the doctor will inject the serum charged with cyanide, or perhaps with some more powerful poison, into the newborn infant, and forever destroy all germs of death and dissolution. But if the child should happen to be defective, or born of depraved parents, the opposite kind of serum will be used, and the death germ will be left in the ascendancy.

Of course unreasonable people will be raising serious objections to this state of affairs. For instance, they will inquire how our children will do without the thousands that we have been accumulating during our professional career, and which would be theirs to "blow in" when we have shuffled off this mortal coil; or how could our young politicians ever find a vacancy when our veteran statesmen should have an eternal tenure of office instead of an uncertain life lease. In the course of a million years the surface of the globe would not hold the innumerable inhabitants, and the universal unsexing of the human race would become necessary. Again, if a man should accidentally have his head blown off by a blast of nitroglycerin, or his body flat-

tened by being run over by a freight train, would it not be rather uncomfortable to be compelled to live forever under those disagreeable conditions?

But these objections are trifling compared to the glory attained by science in the discovery of the Anti-Death Serum.

Seriously, if the germ theory (we veterans of the first half of the last century have to put in an occasional if), is true in its entirety, then there must be much in Prof. Loeb's experiments to encourage the world in the belief that human life may be prolonged to an indefinite period, and that the many diseases which have made even a short life a burden to so many, will be finally eliminated from the earth; and for this partial millennium, at least, let all good doctors pray.

Oakland, Iowa.

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Bit by bit Prof. Loeb's startling discoveries are being reduced to modest proportions. The hatching of unfertilized sea-urchins' eggs has been attributed to parthenogenesis, or, more recently, to the use of sea water from which the fertilizing element had not been excluded. The potassium cyanide which he thought prolonged the life of the eggs, possibly acted by destroying marine bacteria that would otherwise have proved injurious to the egg. Gorham and Tower have succeeded by the use of sterilized sea water, in keeping the eggs alive longer than Loeb did by the cyanide process. So says the *Philadelphia Medical Journal*; but it was not that urbane periodical that described Loeb as belonging to the megaphone department of the kerosene university!



Asthma: In the dyspnea with loose rales called humid asthma, dry up the secretion by thymol, given intensively.

Asthma: In humid cases with profuse secretion, give myrrhic acid in rapidly repeated doses till it dries.

## ALKALOMETRY FOR THE AGED.

By Dr. Ferran.

Chevalier of the Legion of Honor, ex-senior physician of First Class, past collaborator of the *France Medicale*, *Scientific Lyon* and *Lyon Progres*, member of many learned societies. Paris Dosimetric Institute, Charles Chanteaud, director, 54 Rue des Franc-Bourgeois, 1900.

Translated by E. M. Epstein, M. D., A. M., from *Medecine de la Vieillesse*.

(Continued from February Issue, Page 144).



HERE is hardly any need of mentioning that the alkaline arsenates do very well in the treatment of diabetes as well as in hepatic engorgement and biliary lithiasis. Formerly physicians were very severe with reference to diet and absolutely prohibited any vegetable food which was suspected of furnishing glucose. At present we are far less severe in this respect. "It is not necessary," says Dr. Dieulafoy, "it is even hurtful, I think, to have the glucose entirely disappear. A diabetic who is robust and supports well fifty grams (12½ drams) of sugar daily in his urine will emaciate and become feeble if his diet be such as to make the sugar disappear rapidly and entirely. The sugar can be made to disappear completely but the patient is then exposed to albuminuria, emaciation and tuberculosis. I repeat, therefore, that in treating diabetes we must know how to spare them; feculent food and potatoes must not be absolutely prohibited."\*

It is well known that the depression of nervous forces is one of the distinctive characteristics of this disease; a depression extending not only to the life of organic correlation (*la vie de relation*) but moreover to trophic innervation.

It is, in fact, by the great muscular debility, by the clammy tongue, by the thirst, by the voracious appetite, by the dyspepsia, and by the derangement of

the intestinal functions that diabetes reveals itself long before the urine is examined. It is, therefore, of prime necessity to raise as quickly as possible both the spinal and cerebral as well as the ganglionic innervation.

These two indications, which are generally neglected in classic treatment, are admirably fulfilled in dosimetry (Alkalometry), the one by strychnine hypophosphite and zinc phosphide (three to four granules at first, then six to eight afterwards), and the other indication is met by quassin and sodium arsenate (two granules of each three times daily before meals). To obviate the inconvenience of tolerance when remedies are used for a long time we can change the strychnine hypophosphite to the arsenate of the same base and the zinc phosphide to calcium hypophosphite. So too with quassin and sodium arsenate which we can exchange the one for juglandin and helenin and the other for caffeine arsenate or iron arsenate.

The nervosthenic indication is here of supreme importance, and the employment of strychnine, quassin and sodium arsenate manifest here usually their efficacy. It must not be forgotten, that true or essential diabetes is a hereditary transmissible affection and consequently of a zymotic nature. It is not rare to find in small infants and in the majority of diabetic cases that it is associated either with a gouty diathesis or with some nervous

\* Dieulafoy, *Manual de Pathologie Interne*.



Bladder. irritable: The oil of erigeron is one of the remedies that increases the power of the vesical sphincter.

Asthma: You cannot use the relaxant and tonic methods at the same time. Select one and then keep to it steadily.



affection, the indications of which are for antiseptics, arsenates, salicylates, etc.

Against the usual coexistence of hepatic congestion with diabetes the alkaline gaseous waters of Vichy, Vals, Carlsbad and others of the same kind will always be very useful. The same is also true of salicylate of ammonia and salicylate of quinine. Unfortunately it is to be said of these two agents as also of antipyrin, as is strongly urged by Dieulafoy, that they are usually very badly tolerated by the stomach which is almost always disordered at the first appearance of diabetes.

Is it necessary to say how much in place it is to inquire about the diatheses which have prepared the way for diabetes as arthritis, herpes, paludism, scrofula, syphilis, etc.? Against all these, dosimetry (Alkalometry) offers such arms of precision as; colchicine, sodium arsenate, quinine salicylate, juglandin, mercury biniodide, etc. We must also add here calcium sulphide as very useful in the course of diabetes to prevent furuncles and erysipelas.

The excessive thirst, which is sometimes very distressing and consequent upon the weakness of the nervous system, is usually quickly relieved by the action of nervosthenics.

#### CHAPTER V.

##### GOUT AND GRAVEL.

Gout and gravel show themselves usually at the decline of mature age, i. e., at the border line of old age.

We all know, that gout is essentially a trophic affection. This is one of the results of city and civilized life whenever there is joined to it a habitual excess of a stimulant and highly nitrogenous diet:



Asthma: Strychnine arsenate is the best of the tonifiers and it may require a grain a day for a time at first.

"It is a very ancient malady," said Prof. Bouchard. "All ancient authors, Hippocrates, Galen, Celsus and Aretaeus describe it. Non-medical writers as Ovid, Seneca and Lucian describe it under the name of Podagra.

"It was then already the malady of capital cities, being very frequent in Athens and in Rome. It was also a distinguished malady in Constantinople. At present it has disappeared from Greece, is very rarely seen in Rome and Constantinople and is observed only in foreigners. It has fled to other capital cities, to London for instance, where it is yet the dominant disease of the classes who live in ease.

"It can be said, that it has never spared people who fed themselves too good. It is the malady of masters, of rich people, of learned people, of geniuses, of financiers, of politicians, of those who lead a sedentary and luxurious life, of those who do not disdain the excess of meat, of spiced dishes, strong wines, such as port and sherry and strong beers as porter and stout.

"Excesses of venery are other powerful causes of gout; they not only engender it, but provoke also their attacks. Their effect is like that of a nervous shock.

"With wine as a father and good cheer as a mother and Venus as a nurse you will have gout as a child. You will find this proverb true wherever you encounter gout."\*

Further on the same author remarks that the gouty patient is a person devoted to the disease. In thirty-three cases he has not seen more than one in whom the disease did not precede, or follow a

\* Bouchard. *Maladies par ralentissement de la nutrition.*

Asthma: In the intervals give strychnine arsenate gr. 1-30 every four, three, two or one hours, till full effect.

disease of the same family of diseases, such as gravel, obesity, dyspepsia, migraine, neuralgias, etc.

As a sort of requital it is a fact that gouty persons are rarely diabetics; and *vice versa*, neither are diabetics gouty. Yet these two diseases are connected by heredity; eighteen times in one hundred the diabetic comes from a gouty race.

Gout which is not dangerous *per se* is famous for its complications only. At first we have nephritis provoked by the continual discharges of small gravelly calculi and in the second place we have the complication of metastases in the respiratory organs. In such a case gout becomes chronic, and accidents proper to nephritis make their appearance, such as oedema, cardiac lesions and cerebral troubles. The patient ultimately dies from what is called retrocedent gout, but in reality from his renal complications.

According to the micrographic researches of Charcot every attack of gout is followed by an incrustation, more or less marked, with urate of soda on the articular cartilages which are attacked by the gouty inflammation. These incrustations, which remain after the gouty attacks, may not show themselves by any externally appreciable deformity. It is absolutely special to the gout, and is never met with in articular rheumatism. It is very important not to allow these incrustations to fix themselves on the big toe and this can be easily done by gentle frictions from below upward.

Quite often we may meet with gout elsewhere than in the joints. It may also show itself on the skin of the lobule of the ear. At other times, though very rarely, it may show itself on the eyelids, or on the sides of the nose, or the cheeks, etc.

Asthma: The influence of uricacidemia in begetting a liability to attacks should not be forgotten. See to diet.

"I was able," says Charcot, "to predict in advance the outbreak of gout in a dyspeptic by observing a tophus on his ear.

Further on he adds: "The gout is an affection essentially chronic even in its acute form.

"At its first appearance the gout seems to allow its victims very great intervals of freedom from it, occurring only every two or three years. Later on the attacks appear every year, then twice a year in the spring and autumn. At last the intermediate period is reduced more and more and the attacks occur every three or four months, and this is already the passage over into the chronic state. At this period the pains are less severe but the upper extremities begin to undergo the invasion of the disease."\*

Although the physicians of the school of Sydenham and Cullen have formerly said that they recognized the absolute abstention of all internal medication at the moment of attack, we are very carefully guarding ourselves against following in such traces. It is true that our active remedies are otherwise stronger and again also milder than theirs.

In my long medical career and before I became subject myself to the podagric taint I had the opportunity to know much of gouty individuals and of forming a conviction how this morbid condition was to be treated.

Among the podagrics doubtlessly the most original one is the Viscount de Lapasse who is hereditarily gouty, whom the revolution of 1830 displaced from the position of ambassador to the king of the two Sicilies. Gouty and a consummate gastronome and passionately fond of

\* Charcot, *Leçon sur les Maladies des Vieillards* p. 69 et 71. (J) *Revue* in 8; Victor Masson, edit. 1860.

Asthma: Counter-irritation over the right pneumogastric nerve in the neck, or ice there, always relieves.

literature and science M. de Lapasse all at once came back to Toulouse and devoted all his leisure to long and serious studies of the medicine and therapeutics of the ancient vitalists.

He searched among other things to find the means of arriving at a supportable accord, as he expressed himself, between the gout and a sage gastronomy which should permit of a frequent friendly reunion around a good table. He affirmed to have arrived at that means with his compound antipodagric powder, the formula of which can be found among other original recipes in his book entitled: *Essai sur la conservation de la vie*. (An Essay on the Conservation of life).

As I had given a very well merited eulogistic account of the rest of the book in the *France Medicale*, I had a visit from him sometime afterwards in 1863 in the office of the journal, which visit was announced previously to take place at a fixed hour and day.

Although 82 years of age his grand figure rose up perfectly erect and with a quick and assured look which promised a century of longevity.

To carry on well the studies which are reflected in his book he followed the hospital clinics. Then he installed a veritable alchemistic laboratory in which he resumed the ancient researches of the essences, the elixirs for long life and notably the preparations of soluble gold, and the potable gold of Cagliostro. His essay of an antigout treatment with colchicum did not succeed. The same facts which occurred to him were recognized much later by Charcot and other physicians, viz., that the action of this plant was variable and too often disagreeable to the stomach. At that time the alkaloid

of colchicum was not known and he sought for a composition which should combine simultaneously the well accentuated properties of diuresis, diaphoresis and stomachics.

Notwithstanding we have now in colchicine an antigout remedy of well recognized efficacy and free from the inconveniences of the natural plant, we are not less bound to employ depurative adjuvants either in the curative treatment or as a preventive, because colchicine lends itself readily to one and the other use. In both cases it is indispensable to precede the administration of colchicine with the Seidlitz, Charles Chanteaud (Abbott's Saline Laxative, in America); or make use of milk and in default of which thin vegetable soups.

I had occasion this last dozen of years to experiment upon myself in several inflammatory attacks of gout and rheumatic gout and use it both as a curative when the inflammation of the big toe was complete and also as a preventive.

In the first instance we take it in dosimetric granules of a 1-2 milligram (gr. 1-134) every half hour or better every three-quarters according to the acuteness of the inflammation and we get excellent results without disagreeable sensation on the part of the stomach. It is rarely that the pain and the inflammation are not arrested after the absorption of twelve or fifteen granules. But we may go beyond this dose and take it in the way recommended in dosimetric (Alkalometric) practice, for by its method we can obtain the height of therapeutic effect without exposing the patient to the toxic effects of accumulation.

The experience on myself having per-



**Asthma:** The paroxysm being spasmodic any antispasmodic will give relief if used strongly and promptly enough.

**Asthma:** There need be no trouble in finding a remedy if you comprehend the application of the principles.

sued me that the colchicine granules act admirably as a preventive, I do not hesitate to prescribe it in this sense at the very first appearance of symptoms, or the first indication of the inflammation. In this way the inflammation is arrested without its evolution. It aborts and rests painlessly. Still better it is, that since I employ this method the attacks do not come again. It is now nearly two years since I have been disembarassed of the trouble.

It is now a long time since the illustrious father of dosimetry has written, that it is necessary to act in the presence of an organism impregnated, more or less, with uric acid as in one impregnated with the salt of niter. Instead of making use here of washes, it is first of all necessary to disembarass the system of all concretable and concreted salts.

At the same time that colchicine is used, which acts as a depurator of uric acid by the urine, it is of the highest usefulness to accompany it with laxatives especially the alkaline Seidlitz of Charles Chanteaud (Abbott's Saline Laxative) and with diaphoretic and diuretic granules of pilocarpine, scillitin, digitalin, aconitine, etc. But muscular exercise, which is the most efficacious preventive means must in no case be neglected. The constitutionally gouty are, however, repugnant to bodily exercises, because their muscles are debilitated, their joints dry, hence the frequent indication for strychnine granules.

#### LITHIASIS OF THE CAPILLARY BRONCHI.

However it be done otherwise, it is indispensable to use preventive means if you wish to be certain that uric lithiasis shall not invade the respiratory passages and cause there a greater or smaller op-

pressive congestion or an asthmatic congestion or even a pneumonia.

Here we have a very field for senile affections against which it behooves to keep oneself on guard, for if you allow them domiciliary rights they will not be long in associating with them cardiac debility, cardiac asystole and consecutively more or less fatal pulmonary disorders.

Dr. Lecorche the old chief of the Rayer Clinic, who has made a special study of these affections, attaches the greatest importance to the fact that they can be treated with colchicine, which he thinks does not present the counter indications which salicylate of soda does, and also that this alkaloid may be administered and continued in sufficient doses.

#### RENAL LITHIASIS AND GRAVEL.

In the treatment of gravel or renal lithiasis there are, as in that of gout, two distinct periods; first comes the period of attack, when it is necessary to favor the descent of the gravel along the ureters down to the bladder and out of it; then follows the period of rest during which it is urgent to decongest the kidneys and to arrest a renewed formation of calculus.

I had in Algiers a colleague and friend subject to this terrible affection, who cured himself of it after five or six years' treatment continuously decreasing the emission of gravel. That gravel was composed of carbonate and phosphate of lime. He attributed his malady to an inflammation of the kidneys provoked by a preferred diet during the certain period. He noticed that this functional perversion of the kidneys came about without any local pain. But the emission of the gravel was, on the contrary, accompanied with such painful colics and spasms that rectal morphine injections were unable to



Atheroma: Iodoform is a good form of iodine for long-continued administration; gr. 1-2 to j three times a day.

Atheroma: In anemic cases the use of iron iodide affords the absorbent action of iodine and the iron blood food.

calm them and he was obliged to take recourse to inhalations of chloroform.

Meantime it is worthy of notice that the rectal injections calmed here more than the hypodermic ones. They were composed of morphine hydrochlorate 0.02 (gr. 1-12), atropine 0.002 (gr. 1-32 about) in 12 grams (3 drams) of water. Full tepid baths were the source of great comfort to him when the calculi dropped into the bladder and were then ejected outside of it; a passage which he felt very clearly when the gravel was considerable in amount.

One day I met him holding himself on all fours by the side of his bath in the position of a dog drawing a heavy cart. "Don't budge me!" he said, "I am on the way of expelling a gravel into the urethral canal." And in fact, the expulsion took place in my presence, for when once engaged in the urethral canal the gravel is expelled in the twinkling of an eye, if there are no asperities on it.

It is hardly necessary to say that during the attack he used no other diet but that of milk, for understanding well as he did that he could not act upon his kid-

neys except with emollient refreshing and lithontriptic liquids he consequently shaped in this way his diet and medication. He had vegetable soups and fresh vegetables without bread, three times a day without and with milk, and the rest too of the diet consisted for the major part of leguminous and vegetable food.

As medicine he took morning and evening in a cup of milk, two teaspoonfuls of a solution containing benzoate of potash and soda, lithia, a little Seidlitz Charles Chanteaud and a little sodium bicarbonate. The dose was from 7 to 8 decigrams (gr. 10 1-2 to gr. 12) *pro die*. On my advice and to augment the effect he took this lactic solution early in the morning and in the evening on going to bed when the stomach is yet in the period of vacuity. After meals nothing more than seltzer water or orgeat syrup (very near the *syrupus amygdala* of the U. S. Pharmacopœia).

Thanks to the ensemble of all these remedies continued for a number of years a perfect and durable cure was at last obtained.

Lyons, France.



### TREATMENT OF GOUT.

By Dr. E. Monin.



As the pain of gout has been compared to "tearing" it is a very bad one, and the patient will ask for the relief of this acute symptom first. The following ointment will help it at once, applied to the swollen part and covered with cotton wool, over which put oiled silk..

R-Mentholated lanolin and methyl salicylate, of each 45 grams; extract cannabis Ind. 5 grams. Mix.

Then give the Dosimetric Triad internally, one granule every hour. When the very acute attack is about over, give some granules of calomel, to deplete the liver and take the *indican* out of the urine which you will always find there. Indican is a proof to me of biliary insufficiency, and intense intestinal fermentation.

In the chronic forms of gout I often advise along with the carbonate and ben-



Atheroma: In scrofulous persons the use of iron iodide gives results that cannot be duplicated by any other remedy.

Atheroma: In syphilitic cases give mercury biniodide gr. 1-67 seven times a day for a year or more.



zoate of lithium, iodoform, 10 granules per day, for about two weeks in each month. This is to the end that the "tophi" of the joints may be more surely dissolved, if they resist the lithium. I also order massage of the joints with a hardened opodeldoc, which soothes the aching of the smaller articulations.

Haig shows, by experimentation, the vasoconstrictive action of uric acid, and he thinks that this causes arteriosclerosis, cardiac hypertrophy and visceral degeneration, and these lead to death in gout.

Kovalesky calls attention lately, of clinical students, to the fact that certain symptoms are gouty, such as precordial pangs, angina pectoris, even epilepsy, megrim, etc., and that instead of our treating for uricemia only, says that we should add colchicine.

In epileptic cases of this nature I give hypophos. of lime and camphor-monobromate, six of each daily. In megrim, aconitine and quassin. In thoracic pang, anemonin and zinc phosphide, three of each daily.

In angina pectoris in gouty persons, I add veratrine, two before meals, and glonoin gr. 1-100, four to five.

When the headache in gout is accompanied by a congestive state, with vertigo and cervical cracking pains, I give before each meal three granules of digitalin and hydroferrocyanate of quinine, then at bedtime I order two of colocynthin and euonymin. Finally in neuralgic cases facial, intercostal or sciatic I give two of gelsemine and the same of colchicine.

In the above, it is easy to see that the Dosimetric system surely meets all the varying symptoms in gout.

One must look upon gout as a morbid state, whose principal character resides in some deep modification of the internal

changes in the system, but so far physiologists and pathologists have not given us the true *intimate* nature of gout.

What we see is that neither digestion nor nutrition—the assimilating or secreting functions—are ever the same in cases, and they all vary, so therefore we must be satisfied with the clinical experience of physicians, who notice that the gouty manifestations are brought on by overwork, by congestion, or by an energetic form of medication.

One of the complications I have noticed often is *sternalgia*. This may run from the sternum to the cervico-brachial region, as it does in real angina pectoris, or it may not, Tachycardia is pretty often found and it may result in heart paresis.

These acute symptoms should be met as I have said by dosimetric drugs, and we should not fold our arms, as some do, in face of them.

The origin of such accidents is owing to the excessive sensibility of the gastrointestinal tract in gouty people. This nervo-motor dyspepsia increases the cellular autointoxication or poisoning. I do not speak here of the aged gouty patients whose arteriosclerosis explains their state, giving us aortic and myocardiac, as well as emphysema, emboli, thrombosis and hemorrhages; but alongside of these there are young people who are gouty, and are suddenly struck with premature senility or even sudden death, and these cases should be saved by prompt treatment.

What is a gouty case but a poisoned man, from whom it is our duty to eliminate the poison as quickly as possible? Hot drinks, then—milk, Seidlitz salt and diuretic mineral waters, to drink, and care of the skin. The acid dyscrasia diminishes oxidation and lowers the tem-

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Atheroma: For bad kidneys, puffy eyes, drowsiness, mental hebetude, give some form of arsenic, little and long.

Atheroma: If the affection has extended into the capillaries give digitalin, followed by hamamelin for months.

perature of the body in such cases, so therefore advise them to take plenty of outdoor exercise, let them work their muscles—gymnastics of all kinds and sports—and fight constantly against the muscular inertia and sedentary action. An excellent thing to do is to get them to drink every morning, by very small sips, a very hot infusion of *Uva Ursi*, with a small quantity of Seidlitz in it. This is the best method of making the blood slightly alkaline and eliminating the uric acid products.

The German writers advise small doses of quinine, which they say increase excretion and formation of urates. The quinic acid is transformed into hippuric, which is soluble, they claim.

When the liver is torpid, increased in volume, and signs of hepatic congestion in the right side, I advise a decoction of *Boldo* in the morning, and give *jalapin*; and this simple treatment often makes the flatulent distention of the stomach disappear and the gastric hyperacidity also. Otherwise these patients have irregular stools of a mucous nature, even chalk-like, and this with a bitter mouth and coated tongue, no appetite and headache. All these symptoms are caused by the hepatic hyperemia of the gouty.

Paris, France.

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In the present number we print no less than four leading articles from physicians in France; Marty, Ferran, Monin, and Thomas Linn.

This leads us to call attention to the revival of therapeutics that is taking place in France. Since the disastrous war of 1871 our sister republic has been under a cloud scientifically as well as politically, and the tide of popularity has set strongly in the direction of Germany.

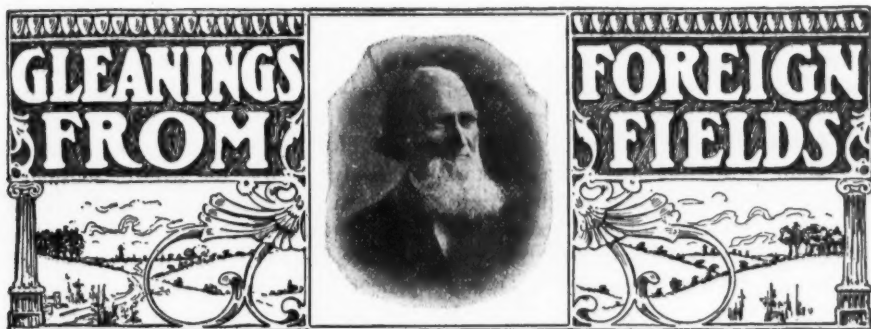


But nothing ever kept France down long. She has recovered from more disasters than all Europe combined. Her medical men are of late distinguishing themselves by the practical value of their observations, and not a month passes that we do not wish we had far more space at our disposal to give our readers all the good things we see in our French exchanges.

Monin emphasizes the importance of exercise and the difficulty of inducing the patient to take it, in gout. It is practically impossible to secure the needed amount of physical work from our brain workers, unless it is of a quality that is in itself agreeable to the patient. Perhaps it is because in late years the writer is brought more in contact with this class that the matter assumes such importance in his eyes. Certainly it has been his effort for years to meet this difficulty, hence he never loses an opportunity to inculcate the gospel of rest, of guarding jealously the capacity of enjoying the things for which one lives. For unless this is done, in the eager quest of riches the power of enjoying them is lost, and the fruits of a lifetime of effort become apples of Sodom when secured. Scarcely a letter goes from the writer's desk that does not contain some hint of this sort, a suggestion to subscribe to a sporting journal, or something to attract the doctor's attention to the importance of outdoor life for himself and his patient. The greatest remedies for the whole pestiferous brood of ailments, comprised under the designations of gout, uricacidemia, biliousness, blues, etc., are the rod and gun, the wheel, the tent, in a word, God's open air and sunshine, and the exercise that enables one to appreciate and utilize them.—Ed.

Atheroma: Little success will be had from any treatment that does not begin by reforming the habits that led to it.

Atheroma: This is a synonym for premature old age, and warns one that a fast life must also be a short one.



Translated by E. M. Epstein, M. D.

### CHELIDONINE IN THE CANCEROUS AFFECTIONS.

It is not a great while since Denis-senko published the results of his re-searches in the properties and therapeutic action of chelidonine. Since then much attention was paid to this remedy and its first ascertained sedative property permitted to confirm its quasi-specific action on certain tumors especially of an epithelial cancerous nature.

After the first report quite a number of authors have made various experiments and nearly all of them confirm the reality and efficacy of this substance, and that if it does not perfectly cure, it at least gives a temporary regression of the evil or a momentary arrest of it. Here is what Denissenko says: "The internal use of the remedy is well supported by the stomach, while the injections (hypodermic) of it provoke acute cutaneous pain, general weakness, chills, fever (38 to 39 degrees C., equal 100.4 to 102.2 degrees F.), but all these symptoms disappear the next day.

"On the very first day of this intense treatment the earthy cancerous complexion disappears, the tumor softens and seems to liquefy. At the end of some days fistulous openings form themselves at the niveau where the needle was inserted, and around them the tumor dis-

appears. Fifteen or twenty-five days after, the diseased tissues separate cleanly from the healthy, which seems to drive the former away from it and the tumor is diminished by a half. In some cases the tumor disappears completely and so also the adenites." In support of what was said, the author adduces eight observations; two cancroids of the lip, cured; one epithelioma at the root of the nose, cured; two cancers of the œsophagus, with very marked amelioration, but the patient being obliged to leave, the treatment could not be continued; one malignant neoplasm of the neck, very voluminous and bleeding very easily, improvement very marked, diminished three-fourths, as the photographs can prove, and treatment continued. The diagnosis of all external tumors was based on histologic examinations, of which, however, the author gives no detail.

Following Denissenko's communication, Robinson made independent experiments on the action of this remedy and reported his favorable observations to the therapeutic society, of which we will give here a resume:

The case was that of a female with an inoperable malignant tumor of the upper

maxilla together with a large intrabuccal ulceration. One injection of a cubic centimeter (16.23 minims) of a mixture of the extract of chelidonium, glycerin and distilled water, equal parts, provoked three hours after an intense reaction of chills, etc. Next day there appeared a softening of the tumor. From the start the patient had taken internally grams 1 1-2 (gr. 22 1-2) of the extract of chelidonium in a potion; then this was increased to three grams (gr. 45) and the tumor was also painted over (with the extract?) twice a day.

The tumor continued to diminish and was not inflamed but the treatment had to be suspended on account of Dr. Robinson's going away.

The author concludes that chelidonine has a specific action on malignant tumors. An active reaction follows the administration of the remedy and the general as well as the local phenomena that follow have a distinctive clinical characterization resembling to a certain extent the reaction after tuberculin. Chelidonine exercises a salutary action which he says ought to be taken into serious consideration. It determines a feeling of weakness, chills, some fever, 38 to 39 degrees C., equals 100.4 to 102.2 degrees F., gradual disappearance of the earthy complexion of the skin, the establishment of fistulæ, the softening and liquefaction of the tumor.

Dr. Ivanow cites the case of a woman, 52, suffering from cancer of the stomach, who was put on the internal use of chelidonine. This woman was in a condition of extreme marasmus, she suffered violent pains localized at the level of the stomach, vomited all she had eaten, and so had to be fed per rectum; the vomit had the appearance of coffee-grounds; the liver too was enlarged and the left

lobe of it had a prominence that was very sensitive to pressure. The existence of a malignant neoplasm could not be doubted. Under the influence of chelidonine the condition of the patient improved rapidly, the vomiting which lasted for the last three months ceased in twelve hours; the painful sensibility of the tumefaction as well as the dilatation of the stomach became less and the appetite was reestablished; very soon the patient could be fed by the mouth, she got up, did not suffer any more and attended to her usual occupation.

Chelidonine continues to give good results to the Russian physicians in the local treatment of cancer. Kraisky is employing it now in four cases of cancer of the eyelids and face and sees amelioration in two cases and recovery in the other two.

Russian physicians employ the remedy in the following manner: First they inject at diverse points at the limits of the tumor twenty-five to sixty centigrams (gr. 375 to 900) of a mixture of equal parts of extract of chelidonium, glycerin and sterilized water. Twice daily the tumor is painted over with a glycerin solution of chelidonium, equal parts of each. The chelidonium extract destroys nothing but pathologic tissues. The reaction is at times very active. Chelidonine too, the alkaloid of chelidonium majus, exercises often a specially favorable action over and at times even a curative action on neoplastic and cancerous tissues. Its action is not sedative merely of the local pains but is almost immediately softening the pathologic structure of the evil and in many cases this is followed by an evident arrest of the detrimental invasion of the organism. The ulcerated parts separate themselves from the surrounding healthy tissues un-

The well-established reputé of sulphur waters for rheumatism depends on the hydrogen sulphide they contain.—Perigo.

Haig condemns sulphur, ammonium chloride and iodides in uric acid, as throwing the acid back into the tissues.

der the form of an eschar which are not long in being eliminated, after which the sore cicatrizes. We see therefore, that the clinical observations of Drs. Denis-senko, Ivanow, Kraisky, Meyer and Rob-inson, are favorable to the employment of chelidonine in cancer of the stomach, cancrroid of the eyelids, of the lips, in epitheliomas and malignant neoplasms and against all malignant tumors ex-ternal and internal.

In gastric ulcer and in carcinoma of the stomach, intestines and larynx, and in hepatic tumors, the results obtained with this remedy have always been favorable and rapid; the tumor diminishes contin-uously, the inflammation is arrested, the amelioration is evident and a definite cure is often obtained. It is to be re-membered also that besides this special action on neoplasms, chelidonine possesses also other properties which are akin to opium and other plants of the papaver family. It has calming and hypnotic qualities at the same time while it is less toxic than the alkaloids which are ob-tained from the plants of that family and those derived from opium. It is just this less toxicity of this remedy which made it to be employed in certain pains of the stomach and intestines. Its ad-vantage over the alkaloids of the papaver family is that it does not stupefy, consti-pate, nor does it produce any other phe-nomena that are concomitant with the narcotic actions of the alkaloids of that family. It is in fact these first physio-logic results that led observing clinicians to other deductions which are not less important and which may explain the use which our predecessors and the public have made of this remedy.

Chelidonine is the alkaloid derived from *chelidonium majus* and as such is preferable to the crude plant or its ex-

tract because more precise and certain in its physiologic and clinical properties.

Chelidonine should, therefore, be re-commended in gastric ulcer, enteralgia, etc. In carcinoma of the stomach, these two properties, (1), hypnotic against the pain and (2) specific against the sickness, recommend the remedy doubly.

Finally in carcinoma of the other or-gans chelidonine used internally in two milligram granules (gr. 2-67 equals about gr. 1-33), and given in progressive doses may be the very thing against the diathesis, or may at least moderate the invasion of the organism, prevent the de-velopment of a neoplasm and also pro-cure for the patient a temporary relief which will be appreciated and a pro-longation of life too, which will also be appreciated. The observations made up to date give the hope that the proportion of cures will be found to be quite notable. Physicians will find, therefore, in cheli-donine not only a pain-calming remedy, a quality which won for it its legitimate administration, but also an occasion of observing its properties further and so profit medical science with the results of their experiences, which should become generally known. This would be doing the same which our predecessors Seced, Bibbing, and Th. Ruempf have tried to do with it, and found it satisfactory and even excellent in certain cases.

The clinical results demonstrate, there-fore, that the employment of chelidonine is indicated in all cases of cancer, of tu-mors, epithelioma, ulcers, neoplasms, also in all malignant and cancerous affections even when they are inoperable; or we would rather say, above all when they are not operable, when the patient is given up, then let his only expectation rest on chelidonine. This remedy may be given in large doses without any incon-

Toepfer recommended Aspirin as a remedy for the relief of toothache, even for abscesses around the root.

Toepfer says Aspirin is useful to relieve the earache of children. Dose, a grain for each year of the child's age.



venience. Houde's chelidonine granules of two milligrams (equal about gr. 1-33) is the best pharmaceutical form. The daily dose is from six to eight granules and may rise to ten and twelve if one desires to combat successfully an old chronic carcinomatous diathesis. It should be taken three at a time and pushed to its maximum. The remedy is generally well tolerated.

A solution can be quickly made of ten chelidonine granules in forty drops of water, or (for painting over a tumor) of twenty milligrams (equal about gr. 1-3) of chelidonine in two cubic centimeters (equal about 1-2 dram) of boiled water, so as to make one milligram (equal about gr. 1-67) in two drops of water. This solution can be used also hypodermically if the water is previously boiled for a few minutes.—*Revue Therapeutique des Alcaloides*, December, 1902, p. 614.

I give also the pharmaceutical description of chelidonine translated from H. Bocquillon-Limousin, *Formulaire des Alcaloides et de Glucosides*, Paris, J-B Bailliere et fils, 1899.

"Chelidonine,  $C_{88}H_{17}N_3O_6$ .

"Origin: An alkaloid isolated from chelidonium majus by Proht.

"Description: Chelidonine crystallizes in colorless plates of vitreous brilliancy, or brilliant colorless prisms, very soluble in water, soluble in alcohol and in ether. Melts at 130 C. (equal to 266F.).

"Reactions: Sulphuric acid and nitric acid decompose it, sulphuric nitrous acid colors it green, and at 150 C. (equal to 203.8 F.) it gets olive green. Decidedly alkaline.

"Schneider says: 'When suspended in sugar water and sulphuric acid added, chelidonine gives a reddish violet color.'

"Physical and Therapeutic Properties: Chelidonine has calming and hypnotic

qualities but the physiologic and therapeutic experiences which were had with it are as yet not quite concluded so as to admit it in current therapeutics."

It seems that Alkalometry has here a duty to perform for suffering humanity. Cancer and cancerous neoplasms are on the increase the world over.

To complete all that I can find about this interesting remedy, I translate also what Jacobson says about the plant and of its crude preparations, and what Spiegel says of its chemistry, in Liebreich's *Encyklopedie der Therapie*, 1896.

"Chelidonium majus, (German) Schoellkraut, (French) Chelidoine, Celandine, contains in all of its parts a yellow, milky juice which was used therapeutically. There were isolated from it two acids, viz., chelidonic acid and chelidoninic acid, two alkaloids, viz., chelidonine and chelerythrine, and also a yellow, bitter -tasting coloring matter, chelidoxanthin.

"The juice of the plant has a caustic quality and this explains why the common people have a predilection in removing warts by rubbing them with chelidonium. Internally the juice acts strongly purgative and diuretic, and in large doses toxically, with nausea, vomiting and giddiness.

"The practice of the present, uses more reliably-acting remedies than chelidonium. In former times, however, this remedy combined with other herbs constituted one of the most popular ones for 'spring cures.'" Jacobson gives also the formulæ for the solid extract and the alcoholic tincture of chelidonium and mentions that the latter was recommended by Rademacher against chronic affections of the liver and diarrhea and was extensively used under the name of "liver remedy."

Wilson administered Iodothyrene in several cases of myxedema with very prompt results. Indurations disappeared.

Thomas tried euphene in tuberculosis, and pronounces the drug fully as efficacious as iodoform in surgery.

# Miscellaneous Articles

## A MISTAKE IN DIAGNOSIS.

During the summer of 1876 (Centennial year) I frequently saw a man, who lived not more than a quarter of a mile from my office, and always thought when I saw him: "That man will need the undertaker before long."

Sometime in the fall I met him on the street and he said: "Doctor, do you think you could do anything for me?" I said: "I could not tell without trying."

From himself and family I obtained the following history:

He was born in Ireland 44 years ago. His parents and near relatives so far as he knew were all healthy.

At 18 he came to this country. He took the rather unusual course for an Irish immigrant of avoiding the cities and working on a farm.

He saved his earnings, never spent one cent in his life for alcohol or tobacco. Fifteen years ago he married, and has seven healthy, hearty children. Twelve years ago he bought a dairy farm in the White Marsh valley and stocked it with twenty cows, almost all on credit.

In ten years he had paid off nearly all his obligations, and looked forward to being out of debt in another year, and able to call farm, stock and all his "very own."

But at this time, two years ago, his health began to fail and for the first time in his life he called in a doctor.

This doctor attended him a year, and called in three others.

The result was, he paid away a lot of money for which he received neither benefit nor encouragement, for all the doctors agreed he had consumption of the lungs and could not get well.

His doctor had at the very first forbidden his starting just after midnight, to market his milk, seven mornings every week, as he had done for years.

So he had to hire more help and soon found he could not get any two men to do his work.

He concluded to sell out, "lock, cock, stock and barrel," and did so at a great sacrifice; yet the sale yielded enough to pay his debts and some ( I never knew how much) besides.

He moved with his family to Germantown (the 22nd Ward of Philadelphia), and his wife kept a little store in which she sold groceries, pins, needles, thread, etc.

He had now lived in Germantown about a year, had declared many times over and over that he would never consult a doctor again, had been gradually

failing as he had been told he would, and as he had expected.

He had frequently seen me about the neighborhood and had heard of my success in attending his neighbors.

Gradually the idea had grown in his mind that he would like to give me a trial.

I had opened my office in Germantown about six months before, viz., April 1st, '76 and was refusing no one on account of inability to pay, but taking everything that came my way and on which no other doctor seemed to have a claim.

Indeed, up to the present, (1903) I have refused very little charity work and never have I taken a patient until confident I had a good right to.

The man was named Patrick. He was 5 ft. 9 in. tall. Two years before he weighed 185 lbs., now weighed 100 lbs., or a little less. His clothing was evidently made for a much larger man and hung very loosely on him.

Hair, eyes, beard very dark, nearly or quite black. Eyes were bright and had a wild staring look because the orbits were much too large for his eyeballs, and the adipose packing had all been removed.

Tongue negative except that it partook of the general tremulousness which affected him all over.

Pulse rapid and difficult to count because of subsultus.

Auscultation of his chest revealed a perfect Babel of confusion.

All sorts of rales in great numbers were there, from the finest dry whistling to the coarsest, moist, bubbling. Heart beating tumultuously and adding its full quota to the general racket, which the extreme thinness of the chest walls helped to make easily heard.

Appetite fairly good and slept quite well. He coughed a great deal with a variable result.

Sometimes it would be dry and he would cough and cough to no purpose, then it would become loose and he would spit quantities of mucus showing no pus or blood.

I do not think that for the first three months I ever for one moment called in question the diagnosis already made. Now, I should not expect to find in a case of tuberculosis both lungs affected so nearly alike and throughout their entire extent.

During the first three months I was able to relieve some of his more troublesome symptoms and contribute decidedly to his comfort, in fact to do all either he or I expected.

I had heard him and members of the family speak of his having "spells," but paid little attention to it until one night, just after the New Year came in, when about midnight, I was called to see him in a "spell."

There was a foot of snow on the ground and the mercury showed about 10 above zero.

I found him standing in an outside doorway with both hands raised above his head, holding on to the frame of the doorway and laboring for breath.

He had only his shirt on, just as he got out of bed, yet the sweat was running down and dropping on the floor.

I soon had him lying on a sofa, and a half grain of morphine in solution under the skin above the elbow.

There was so great a potential cavity between the loose skin and the arm that I feared it would be lost, but a great change speedily came.

Weber reports favorably on the use of atropine in lead colic, gr. 1-60 to 1-20; prompt relief unless opium has been used.

For scarlatinal angina, daily carbolic injections into tonsils, 8 m. of a 3 to 5 per cent solution, into each.—Heubner.

In less than five minutes after I reached the house the difficulty of breathing had vanished, and his chief trouble was to get rid of the mucus which seemed to fill his air tubes and to be replaced as fast as removed.

I could now see what had become of one-half of him—it had turned to mucus and been spit out.

This was the same kind of a "spell" as he had been having for two years, only worse than any other. No doctor had ever been called before or seen him in a "spell."

The experience of the night opened my eyes and set me to thinking. Asthma and phthisis are incompatibles—a patient cannot have both—this man certainly has asthma, therefore he has not phthisis pulmonalis.

Somewhere I had seen the iodide of potassium recommended for asthma, and somewhere else oil of turpentine.

I concluded to give Pat the benefit of the combination.

Nobody had then discovered any relation between asthma and rheumatism, or traced either to uric acid.

Pat was a good one to take medicine, in fact he wanted something with some taste to it so that he could realize that he was taking medicine.

I gave him iodide and turpentine in stiff doses, and I have no doubt there was some taste to it.

The effect was immediate, continuous and surprising.

So far as I know he never had another "spell."

His appetite soon became ravenous and he gained several pounds in weight every week.

An officer of the Standard Oil Co. purchased a fine old estate on the corner

of School Lane and Wissahickon Avenue, which had been vacant for years, and hired Pat at \$75 a month to take care of the property.

April 1st, 1877, he went on duty, still taking iodide and turpentine. One day in the fall, seeing me across the street, he came over and said: "Doctor, it is now just a year since you first took me in hand. Then I could scarcely walk ten steps without stopping to rest and get my breath; now, when the boys come in the grounds to steal pears I can catch the best one of them before he can get to the fence."

I had never asked for my pay, but Pat said repeatedly I deserved something for my attendance, and that if he had the handling of his money he would pay me.

But when he drew his wages he carried it direct to the "Old Woman," and he had not spent one dollar since he went to work.

The family moved into a better house, on a better street, employed another doctor and began to put on airs generally.

Pat often urged me to go and see the "Old Woman," and sometime the next year I went.

She was astonished at my presumption in thinking I deserved any consideration at all.

"Pat had four doctors before he ever saw you, and all of them said no doctor could ever cure him. It was the Lord and not you that cured him, and you must think I am a fool if you think I will pay you for what the Lord did."

When I left the house I did not blame Pat for being afraid of her.

I had realized long before that she was a tigress when somewhat tamed by bitter adversity—but now prosperity had sharpened her claws wonderfully.



Ataxia: Munter uses for pain 1 per cent salt baths, any heat; 10 to 15 minutes. Faradic baths for nervous disturbances.

Chorea: Cold baths, antinyrin, arsenic, rest, little nitrogen, and relative isolation. Two deaths from endocarditis out of 240.

In the fall of 1885 I left Germantown. Pat was in the same place, had never been off duty a single day on account of sickness, and appeared as healthy and hearty as a man could. For eight and one-half years he had received \$75 each month and yet not one penny of it ever came my way.

N. G. MACOMBER, M. D.

Central Village,  
Bristol Co., Mass.

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### ZOSTER.

I would like to place before you a case, that has interested me considerably for two reasons.

First, from Nature's standpoint, because the case was my father.

Second, because of the unusualness of the symptoms. For these two reasons I am inclined to ask your attention for a brief time only. Suggestion and criticisms from our worthy editors and noted brotherhood would be noticed by the writer and greatly appreciated.

The case was diagnosed by myself and others as herpes zoster. The alkaloidal methods were used in treatment, and yet I heartily agree to the theory, believing that much good to suffering humanity is being done and more shall be accomplished than many are prone to admit. But I am digressing from my subject in a measure. Patient, 52, stomach trouble for several years, causing indigestion, through which influence palpitation of the heart is common; seven years ago often suffered from lumbago, and he believes he has suffered from heart-disease for years. If there is any organic heart complication I have failed to notice it. With the exception of the

above he has been in very good health until his late illness.

In November, 1902, he was taken with herpes zoster; the eruption was noticeable for three weeks. It was treated locally with ichthyol, full strength, colodion and morphine sulphate, enough of the latter for pain, or Antiphlogistine placed over eruption freely. One of the three applications was used until all vesicles or lesions were gone. Internally to ease pain and give sleep he was given potassium bromide, 15 to 20 grains; phenacetin to full therapeutic dose; chloral, gr. 12, and morphine sulphate never more than gr. 1-4 at a dose. One or more of the above drugs was used until the vesicles entirely disappeared.

To aid digestion and as an intestinal antiseptic and heart supportive he got strychnine sulphate, gr. 1-60, tablets 32; soda and zinc sulphocarbates, each 40 grains, elixir lactated pepsin 2 ounces. Mix. Direct: Teaspoonful every three hours. During febrile manifestations was given quinine sulphate. This about constitutes the treatment so long as I kept closely up with it. Then I returned home, at which time the vesicles were leaving, and as they disappeared cicatrices would be noticed. At this time there are but few signs of the disease except discoloration of the skin and hyperesthesia, constant pain, etc.

From a recent letter from the patient I have drawn the following conclusions: January 3, pain was first noticed before any rash appeared, under left arm in axilla, where the pain now remains. After three weeks' suffering, vesicles disappeared, leaving purple scars; when the crusts were in the act of coming off they would turn dark or black, the cicatrices are of a deep nature, very tender.

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Bladder, irritable: The leaky bladder that annoys so many women is relieved by oil of erigeron, gtt. v, t. i. d.

Acute catarrhal appendicitis: Clean out bowels and give sodium-salicylate to the limit. E. C. Garner, Martinville, Ohio.



To produce sleep the doctor tried cocaine salve which did no good. He describes the pain as that similar to touching a nerve of a sensitive tooth with cold water; again, it may have a throbbing sensation like that of a furuncle; sometimes the places itch and burn, at other times will feel like the sensation given one on striking the elbow against a solid object. The whole left side is involved including the face, neck and chest, gives trouble when shaving, bathing or combing the hair, anything causing heat does harm, something cooling feels pleasant. I think at the present that his trouble is purely neuralgic, involving different nerves of the brachial plexus. These may remain for months or years according to some authors. Have thought of trying whale oil and chloroform equal parts, or electrolysis. The vesicles extended on left side from median line to spinal column. The outcome of the case is the pains—they hold on, up-to-date.

J. W. PRICE, M. D.

Sulphur Springs, Texas.

—:o:—

Had you been a reader of the "Treatment of the Sick," your father would have been spared much pain.—Ed.

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# THE ROCKY MOUNTAIN INDUSTRIAL SANATORIUM.

So much is being said now in regard to Sanatoria for consumptives, that I want to call the attention of your readers to one, unique in many respects, now being established by a company of philanthropic men and women and located in a high, mountain-sheltered valley about forty miles from Denver. The curative power of Colorado's incomparable

climate in lung troubles, is too well established to need even passing mention; likewise the beneficial effects of a free out-door life. In the Rocky Mountain Industrial Sanatorium it is proposed to combine these two great weapons Nature has provided, with everything known to the skill of man, for the treatment of this disease, and to make it so co-operative that a part of the patients may be entirely or partially self-supporting, while receiving the full benefit of the treatment.

Every year thousands of people come to Colorado for the benefit of the climate, and congregate in the cities, living in a majority of cases in small, ill-ventilated rooms in hotels and boarding-houses, that have been inhabited by generations of "lungers" perhaps—and even then are benefited. They know, the most of them, how much greater that benefit would be, could they get away from the dust and contamination of the city into the life-giving atmosphere of the mountains, where pure water and piney odors are not the least of Nature's medicines. But to them comes the very natural fear of getting too far from physicians and nurses, and of taxing a weakened constitution with too much "roughing it," while taking Nature's cure. To a large number, also, comes the added consideration of how to live; and they remain in the cities for the sake of the employment there obtainable.

To all of these the Industrial Sanatorium lifts a beckoning finger. Do you want the benefits of tent life in the Rockies, and yet dread to be divorced from the amenities of civilized life? The Sanatorium is the place for you.

Are you anxious, while absorbing Nature's remedies, to still enjoy the luxuries



Acne: In scrofulous cases where the lymphatics need aid, give iodoform gr. 1-6 every hour or two during the day.

Acne: In scrofulous cases with anemia, a common combination, give iron iodide and arsenate, small frequent dosage.

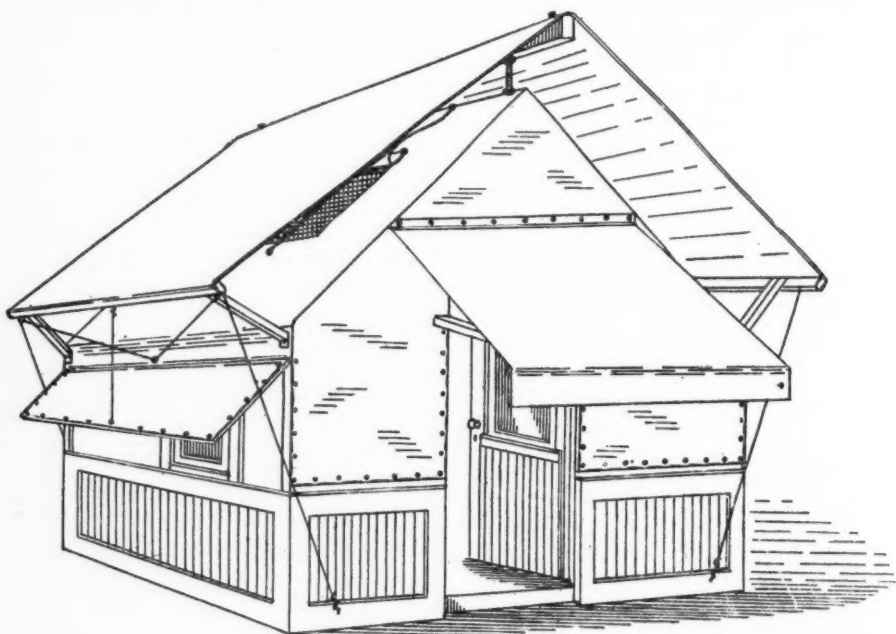
of board, attendance, drives, etc., to which you have been accustomed? The Sanatorium can supply them.

But are you one of those who, coming to Colorado for the climate's sake, must still work with head or hands in order to keep up the unequal struggle for life? One of those who must earn your bread and your pills in order to *live* among

reasonable) make it possible for *one* to be entirely self-supporting, or for two or three even to be partially so.

It is proposed that all the work of the place, except the actual handling of foods and dairy products shall be done by patients.

The vegetables that come crisp and fresh to your table from the Sanatorium



The Holmes Sanitary Tent-Cottage.

strangers, or go home to *die* among friends? Then, indeed, it is to *you* that the Sanatorium has risen like a star of hope in the western sky. To you that she whispers, "We will help you to help yourself."

For careful experimentation has proved that every three patients paying regular rates (and these, by the very nature of the Sanatorium plan, are very

gardens, will not be less palatable because the gardener is cultivating health along with his corn and beans. Your drives over the hills will not be less pleasant because the chap who carries your horse is fighting your own disease. Your tent floor will shine just as brightly if the man who oils it has a hole in his lung; and the "hello-girl" who answers your telephone call to the superintend-



Acne: For bilious phlegmatic cases, clear out with a sufficiency of veratrine, or one of the cholagog group.

Acne: A granule of podophyllin, gr. 1-12 at bedtime, will often aid the other treatment in a way that is pleasing.

ent's office will not be less prompt because she is winning back health while she is working for a living.

And now just a word more definite regarding the Association and its methods. It is *not* a money-making scheme. There is no stock for sale, and if there were there could never be any dividends, for any receipts above expenses will be devoted to improving the grounds and enlarging the scope of the work.

Neither is it a charitable institution—no paupers applied for.

But it is a self-respecting, self-supporting institution, where patients who can afford the luxuries of life can have them, and where those who can *not*, can be helped to help themselves.

Two classes of patients will not, under any circumstances, be received—those cases complicated with organic heart trouble, and those in the advanced stages of the disease. The first should seek a lower altitude, and the second should remain where familiar scenes and familiar faces may comfort them the little time they have on earth.

The tent used is the well-known tent-cottage invented and perfected by Dr. A. M. Holmes, of Denver, from whose great mind and heart have emanated the plans for the Sanatorium. It is the tent described before the Mississippi Valley Medical Association last fall, and the one, a model of which attracted so much attention at the Symposium of Tuberculosis at the New York Academy of Medicine last month.

To be brief, it is a double-walled tent, 10x12 feet, constructed on a strong frame so bolted together as to be readily reduced for transportation. The lower half of the outer wall is of wainscoting,

the upper half of heavy canvas. The inner walls are entirely of canvas.

By a simple mechanism the upper half of the outer wall on three sides may be lifted, like an awning, while the inner is dropped like a leaf, making it, when desired, a perfect pavilion tent. When closed, windows in sides, rear and door admit light and sunshine. A two-inch space between the upper and lower sections of the outer wall admits fresh air, which enters the tent at the eaves, thus insuring thorough ventilation without draught.

In summer a screen-door may be used and netting take the place of the inner canvas.

Arrangements have been completed with the manufacturers whereby these tents can be purchased on the installment plan, so that the occupant, by paying a monthly rental, can soon own his own tent-cottage. They may also be rented by those who do not care to purchase.

And now, who will "come up to the help of the Lord," and endow this institution so liberally that every appliance and convenience known to man, may be brought to the aid of Nature's remedies? Who will donate a library? Who will equip a heating and lighting plant? Who will give a printing-press, so that the Sanatorium magazine may be printed by the patients on the grounds?

There are few, alas! who can do the great things of life; but there are many who can do the small things, the sum total of which is great in the end; and it is to these that the Sanatorium's Woman's Auxiliary appeals.

A city auxiliary of a hundred members, who cared to do no further work than to pay their annual dues of \$1.00 each, and hold an occasional meeting,



Acne: Every sign of the eruption disappears when enough ergotin is given to contract the swollen tissues to normal.

Acne: It has been claimed that the relaxation causing acne is always due to masturbation. Possibly it often is.

could endow a cottage every year, such cottage to be named for the endowing auxiliary, who would also have the privilege of recommending its occupant.

There is many a man with an aching heart and a full pocketbook, who would gladly give \$100 to endow a cottage that would bear the name of some loved and lost one. Better memorial that, than bronze or stone or stained-glass window!

If you cannot endow a cottage yourself, can you not organize an auxiliary that will? In some way everyone may add their mite to help along the great work this institution is doing, not only in relieving those already afflicted, but in removing from the healthy the ever-present danger of infection. It is not a work for the few, but for many; not for one locality or state, but for the nation.

EMMA TOLMAN EAST.

1430 Tremont St.,  
Denver, Colo.

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#### WHAT IS "THE GRIP"?

*La Grippe*, or epidemic influenza, which formerly was wont to appear only at intervals, seems now inclined to stay with us almost continually. It is now known that it did not originate in 1889, but since that date it has made and remade periodically the circuit of the earth, like a disastrous wave.

In the last century, in the year 1776, it claimed so many victims in Paris alone that a physician offered a prize of £400 to the person who could show that he had been exempt from it. A single person presented himself, a song-writer named Naugaret, who even composed a comic opera in one act, entitled, *La Grippe*. In 1803 the scourge again ap-

peared, and its ravages were still more terrible. Since 1890 it has raged almost yearly and often with violent and dangerous recrudescences.

Whence comes this influenza and what is the cause? The accepted definition is that *La Grippe* is a specific affection due to a microbe located in the air passages and secreting there a toxin that diffuses itself through the whole organism and increases the virulence of the various germs that may be already in existence there.

This *La Grippe* microbe is a cocobacillus described for the first time by Robert Pfeifer of Berlin, in 1892. It has been thoroughly studied since that time, and is now kept for investigation in our laboratories, like its congeners of tuberculosis, typhoid, or yellow fever.

It grows preferably in the tissues of the lungs and bronchial tubes. When expelled from the body in saliva, or otherwise, it remains in an inactive state until it can penetrate anew into a human organism. When dried, it dies in forty-eight hours, but it may live for weeks, or even years, in persons afflicted with diphtheria, bronchitis, or chronic inflammation of the lungs.

It was formerly believed that this influenza microbe was carried about by wind and cloud, and especially when the air was saturated with moisture. Now it is known that inoculation takes place only by immediate contact, and that the microbes are introduced into the organism either by the hands, which carry them to mouth or nose, or in breathing. We must repeat again, that many persons contribute to the propagation of this bacillus by the deplorable and improper habit of spitting on sidewalks, in

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Acne: If the cutaneous capillaries are relaxed you may give brucine, or hydrastine, pushed to full effect.

Acne: Two faults prevent success — giving the wrong remedies, or giving the right one in insufficient dosage.

omnibuses, carriages and cars, and in public offices.

Once in the mouth, on the tongue, or on the tonsils, the microbe is continually drawn farther in, by the movements of deglutition or respiration, until it reaches the respiratory or digestive passages. Once there it multiplies by growth and division, in less than twenty minutes each new germ repeats the same operation, until we may find in twenty-four hours, in the infected body, 16,500,000 germs from a single bacillus, and in forty-eight hours the number may reach 281,500,000,000 of individuals!

But it must also be said that the toxin excreted by the bacillus is as fatal to it as to man, so that this increase by hundreds of millions comes to a stop. Nevertheless, when it has once gained an entrance into our organs, this bacillus always reproduces there rapidly and in huge numbers. The period after exposure until the patient is seized with an attack of influenza varies from several hours to two or three days. The onset is acute with a moderate chill and rise of temperature to 101 to 104 degrees. The muscles are sore and ache with fever pains. The legs and back ache particularly. The pulse is generally feeble and rapid—about 120 per minute. This is true particularly in old people or in those who are weak from any cause. Tenderness of the eyeball and pain upon pressure or even without pressure. Earache is generally present. There may be bleeding of the nose and eyes and temporary loss of taste and smell. The patient is constipated, and restless and unable to sleep. Sometimes there is hoarseness with tickling sensation in the throat and a distressing, obstinate cough. The skin is hot and dry

and the amount of urine passed is decreased. The fever lasts from two to six days, and may resemble malaria fever in character. That is to say, on the first day there may be fever and on the second day the temperature will be normal and again on the third day fever will be present. As the fever lessens, profuse perspiration is likely to occur. The symptoms gradually disappear with the decrease in temperature, and the patient feels very weak. In the more severe cases, recovery is retarded for several weeks on account of great weakness, feeble digestive powers and sweats. It is a novel experience for a very strong, healthy man to break out in profuse perspiration in the simple effort to raise his hands, or to feel utterly exhausted and out of breath in the attempt to climb a short flight of stairs, but such is the condition in which many find themselves for several days after an attack of influenza—a condition which adds to the mental depression which characterizes the disease throughout its course.

*The Catarrhal Type* is characterized by the violence of the catarrhal symptoms. It may commence with persistent sneezing, chilliness and fever. The eyelids are congested and swollen. There is pain on swallowing, a hoarse voice, a sensation of suffocation with persistent hacking cough that is often worse on lying down and keeps the patient awake at night. There is great sensitiveness to draught and a tendency exists for bronchitis and pneumonia to develop. Prostration is extreme and the patient feels utterly wretched. Complete recovery is slow and the irritant cough, with occasional rather typical thick, lumpy, greenish mucus in the sputum, is a symptom which may persist for several weeks.

Linder says the effects of cocaineization of the nose for dysmenorrhea are purely suggestive, and proves it.

Whooping-cough: Bacaloglu gives bromoform; and a weak wash of aconite, belladonna and drosera for nose and mouth.



Sometimes the cough will not yield until the patient changes climate.

*The Nervous Type* may begin with intense frontal headache or with sudden prostration, or, as the patient describes it, "weakness at the knees," which may seize him so suddenly while walking in the street that he has to be conveyed to his home. There is great general muscular pain—so much that it is impossible to find any position of ease. The patient becomes extremely nervous and depressed. A patient whose ordinary temperament was far from neurotic, summoned me at one time, as he was fully convinced he was losing his reason. Delirium may appear within a few hours. At times convulsions appear. Some patients will startle at the least sound or upon the room being suddenly lighted. Soreness of the muscles of the neck is present. After about three days the symptoms, even though they may be severe, gradually abate. Even after convalescence the nerves along the legs and arms or face will cause the flesh to twitch and jerk and sometimes swelling may be present. Often the patient will find it almost impossible to concentrate the mind even while recovering rapidly physically. In rare cases this particular type of influenza results in insanity, such as melancholia and dementia.

*The Abdominal Type* is characterized by such symptoms besides fever, as vomiting, severe diarrhea and abdominal cramps and tenderness. There may be intense colic or the case may resemble appendicitis or peritonitis. It is not improbable that a catarrhal condition of the appendix may result or be preceded by a grippal catarrh of the intestines. The patient may become jaundiced.

In considering these various types of influenza, it is not intended to convey the idea that lines of distinction are to be strictly drawn between them in all cases. The symptoms of one type often merge into another, and all that can be learned is that one or the other group of symptoms may predominate above the others and be added to the general symptoms common to all. The complications of influenza are to be dreaded more than the disease itself. The most common are bronchitis and pneumonia. The typical grippal pneumonia has features which differ somewhat from the ordinary forms by the following characteristics: First, slow invasion; second, predominance of bronchitis and cough; third, rather low fever resembling malarial fever, as described above; fourth, tendency of early heart failure; fifth, decided fatality. A middle ear disease is very common. Other complications sometimes observed are: Pleurisy, heart trouble of various kinds, kidney trouble and permanent insanity. Inflammation of the eyes is common; disease of the optic nerve, and existing diseases of the lungs, especially tuberculosis or consumption, heart trouble or kidney diseases and wasting diseases of all sorts are liable to terminate fatally when complicated by *La Grippe*.

A large majority of the patients recover. The disease is much more fatal in some epidemics than in others and many deaths occur among those having long-standing chronic diseases or debility when attacked by *La Grippe*. In Paris, for example, in 1889 when grippe was epidemic, the general mortality exceeded the average by over 5,000 deaths. In Chicago in 1891, the grippe epidemic caused in uncomplicated



**Biliousness:** When dyspepsia and chronic gastritis are present, berberine corrects the relaxation of tissues.

**Biliousness:** This may depend on indigestion, when hydrochloric acid before meals gives quick relief, temporary.

cases two and one-half per cent of the deaths from all causes. Alcoholic subjects and old people are most liable to succumb to grippal pneumonia.

*Diagnosis:* Is based upon the presence of an epidemic and catarrhal symptoms accompanied by prostration. There is a wide difference between *La Grippe* and a "cold." The latter is much dependent upon changes in the weather or exposure to wet and is prevalent in the spring and winter principally, whereas, grippe is independent of climatic changes. Influenza or grippe is also accompanied by neuralgias, severe fever, pains, mental and physical depression and a persistent, irritable cough. It can be diagnosed from the disease known as Dengue, inasmuch as this latter disease is confined to certain localities and also in the remissions in temperature and relapses.

To distinguish the difference between influenza and typhoid fever, typhoid with catarrh has been confounded with abdominal grippe, and in cases of fever where prostration and continued fever may be the sole symptom, but the onset of typhoid fever is slower, bleeding of the nose more common, the rose rash appears, etc.

To distinguish influenza from epidemic cerebro-spinal meningitis.—This latter disease may resemble the nervous type of influenza, but the history of the epidemic is different as well as the subsequent course of the disease and the catarrhal symptoms of grippe are lacking from this disease. Many things are not yet cleared up in regard to this disease, but we should not forget that up to the present time, in all places where the disease has appeared, the mortality has always doubled, trebled, or even quadrupled.

In chronic diarrhea without ulceration Saupault advises hydrochloric acid in full doses at beginning of meals.

This fact alone remains clearly and sadly demonstrative, and amply proves the importance and gravity of epidemics of grippe, as well as the usefulness, from the point of view of public medicine, of investigations regarding possible means of staying these epidemics, which attack families or whole towns, arrest or delay important services, and injure all kinds of public interests in the countries that they devastate.

W. S. STRANAHAN.

Chicago, Ill.

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#### WINTER RESORT.

Please investigate this place as a health resort for your pulmonary, rheumatic and nervous disorders, which are not known here.

J. W. SMITH, M. D.

Chunchula, Ala.

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#### MIXED VENEREAL INFECTION.

Two years ago I treated a girl, 16, for acquired syphilis and an inflamed knee, the result of gonorrheal infection. Syphilis was manifested by two dark-colored patches of subacutely inflamed skin. The girl was anemic, high fever, pain in knee, anorexia, constipation and sleeplessness.

Treatment was directed to elimination of the accumulated waste products retained in the body by giving Saline Laxative. Eclectic hepatics in sufficient quantity for a week along with the Trinity for fever with an idea in mind that with the addition of calcium sulphide gr. 12, the matter would end without purulent discharge from the knee.

After a few days of treatment I found it necessary to cut into the synovial sac;

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French says berberine has a specific influence over the liver cells, of especial value in chronic derangements.

and promoted drainage, and prevented extension by a figure-eight bandage applied, at first tightly; then after the discharge became established, more loosely, and finally omitted. The knee was massaged and cleaned once every two days, while the syphilitic ulcers were dressed with calomel for the first ten days, then every day during the next succeeding twelve days. The discharge not lessening on the whole by the nineteenth day of treatment, I added a tablespoonful of Sanguiferrin four times daily to the treatment, which seemed to furnish the missing link to our success in lessening the discharge which gradually dwindled till the twenty-eighth day when it entirely ceased.

After the first two weeks passive motion of the joint was made daily. What I did not expect took place, a perfect result. The cure of the knee antedated that of the ulcers by two months.

JAS. BURKE, M. D.

Sherwood, Wis.

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#### TYPHOID FEVER.

Young man, 25, relapse. Temperature when first seen 103 in morning and 105 evening, profuse yellow ochre diarrhea, very offensive, frequent vomiting, tongue heavily coated, delirium, pulse 120, weak.

Sulphocarbolate of zinc increased the vomiting and had to be abandoned. Bismuth was given instead, till stomach and bowels were better. Baptisia twenty-four drops in twenty-two teaspoonfuls of water and two teaspoonfuls of glycerin, was given, a teaspoonful every hour. Five drops of chloroform were stirred into the mixture; one granule of Dosimetric Trinity No. 1 with every dose; two when the fever was highest;

French recommends berberine in gonorrhea after the acute symptoms pass. The connective tissue toning is the effect he gets.

two grains of Acetozone were dissolved in 2 oz. of water, this was added to thirty ounces of sterilized water, making a quart. This he drank freely and nothing else.

No change was made in this treatment from start to finish. In twenty-four hours the vomiting ceased and in two days the diarrhea. In two weeks discharged. When first seen it did not seem that life could be kept going till the disease of the stomach and bowels could be subdued.

T. M. TRIPLETT, M. D.

Crete, Neb.

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#### TYPHOID FEVER.

As typhoid fever seems to be one of the most prevalent diseases of the year, it will not be out of place to offer a few remarks, not to convince the medical men that we are all right and others are wrong, but if there is a better way we want to know it, and stand open to conviction.

Without entering into the etiology we know that extensive ulceration of Peyer's glands, hemorrhage or perforative peritonitis, are danger signals and often followed by death; therefore, it would seem our bounden duty to prevent these symptoms if possible. Now the question follows, how shall we accomplish this end? By waiting until the spots of Louis appear, or shall we rather anticipate the trouble and first clear out, clean up and keep clean?

When you establish the cleaning up process we believe you will be on the road to success, no matter who first suggested the idea; and the sooner you clean up the earlier will your patients get up. The longer you keep the alimentary canal

Fissured nipples: Balsam Peru, tr. arnica, each 7 parts, oil sweet almonds 48, lime water 24.—Scarff.

clear and as near aseptic as possible, the fewer number of death certificates you will have to sign, and your attendance at your friend's and patients' funerals will be a thing of the past, from typhoid fever, at least.

Having been an honest doctor for eight years, the solemn duty of attendance at one of my typhoid patients' funerals has not occurred to date. Now, has this success been due to luck, or has it been that I was mistaken in diagnosis? Good luck has no place in the practice of medicine. As to diagnosis, we have had others to concur in most cases. Then there surely must be something in good management, and I would say, all honor to William F. Waugh, of Chicago, who first called our attention to efficient intestinal antisepsis. He's a fine fellow, and that's putting it mildly when we consider the largeness of the man.

Last year, in 1902 we had in our little town (was sick at the time myself) a young man from St. Joseph's Infirmary, Louisville, Ky., convalescing from typhoid fever. He had a relapse, and there were six people in the family where he stopped and all had typhoid fever but one. One child died. Next house, one door closer to me, seven in the family, all contracted the disease but the baby. The father, a young energetic man, died. There was no intestinal antiseptic used, no sanitary precaution taken, but an assurance to start with, that it was not typhoid fever. Plenty of whisky given from start to finish; eleven cases, two deaths.

It came nearer. Next door to me lived an honest, poor white man, twin babies in the home with five other children. Called two other physicians in to see what we had, both agreed as to ty-

phoid fever. We instituted the strictest possible regime we could under the circumstances, the father was instructed to have all freshly passed actions put in prepared lime, then buried. W-A Intestinal Antiseptics, with Abbott's Saline Laxative, and plenty of brucine to children, cut it down to only four cases in the family. Two of the four never went to bed. We have had no more in our town since.

July 21, 1902, was called two miles in the country to see Mrs. B——; diagnosis, typhoid fever. Patient 48, just passing climacteric, pulse 106, temp. 102.4. Highest temp., July 23, was 103.4; fastest pulse rate 120 on four different days. Without giving all the symptoms I will say that a physician from Louisville concurred in the diagnosis. His opinion was that she would not live from one day to the next. But in the absence of tympanites extensive ulceration or perforation, no hemorrhage, we gained the victory. On August 15, pulse 100. August 17 found a fecal impaction, pulse ran up to 120; when the impaction was relieved there was no further trouble.

Treatment: Morning dose of Seidlitz salt, W-A Intestinal Antiseptic tablets, one every two hours, strychnine nitrate gr. 1-30 every four to six hours, and hyoscyamine to produce sleep. Now, this was an intelligent woman and took her medicine, never was delirious but twice, then only momentarily. She was constipated before she went to bed, and with the antiseptics we had hard trouble keeping the bowels going.

October 26, 1902. B. B., aged 8, temp. 103.4, pulse 130, had been sick four or five days. Diagnosis, typhoid fever.

November 2, temp. 104, pulse 130. This was the highest fever and as fast



Asthma: Whether relaxation of spasm or contraction of paretic tissue is required must be decided in each case.

Asthma: All remedies for the paroxysm may be classified as relaxants of spasm, or tonifiers of paretic tissue.

as the pulse ran. From November 1 to 17 the child never spoke a word, no tympanites, no hemorrhage, nocturnal delirium more profound than any patient I ever treated, screamed or screeched all day.

Treatment: Abbott's Saline Laxative before breakfast, W-A Intestinal Antiseptic tablets one-half every two hours, brucine one granule gr. 1-134 every four to six hours; hyoscyamine to produce sleep, but it had just the opposite effect, seemed to make the child more delirious, so we substituted Daniel's Passiflora Incarnata and it acted like a charm. This child's bowels were constipated from the start.

This just reminds me of the inscription on the stone the tramp climbed over into the grave:

"Here lies the remains of Jimmie dear  
Who went to Heaven with diarrhear,"

He added:

"'Twere better thus for his salvation  
Than to have gone with constipation."

Do not all our patients miss the peasoup stools we read so much about, if we give the antiseptic treatment from the start? Should I have given this boy a whole tablet, and could I have given him more brucine? At times we had to force his mouth open to get the medicine in, but persistent effort and the right medicine gained the victory. He seems well to-day and thinks he can eat more Christmas dinner than anybody. The superintendent of the Lakeland Insane Asylum saw this case with me, and fully concurred in diagnosis and treatment.

With no death from typhoid in worst cases for eight years, I am led to ask, could we not save all our patients, if we made an early diagnosis and stuck to our guns, and left whisky out of the fight,

and gave the ideal heart-tonic and true stimulant strychnine, with plenty of milk, fruit juices and white of egg for food?

The Good Book says, from the fullness of the heart the mouth speaketh. Say what you may of Abbott's and Waugh's commercialism, but give them credit for being ever ready and willing to aid and assist in relieving and curing suffering humanity. I would not speak out in meeting, but after nearly two years of suffering I visited the two men of whom I speak, and to my mind Waugh is the greatest clinician living to-day, and his work has helped me over many rough places in my practice. When I am able I will run up to Chicago and tell you all how much I think of you.

S. D. WETHERBY, M. D.

Middletown, Ky.

—:o:—

We thank our friend for the very flattering estimate he places on our work, but he puts the credit in the wrong place. We know very well the narrow limitations of our capacities and attainments. We are simply a very commonplace set, in no way above the average of the profession, and finding something to learn from every real doctor we meet. What has given our friend the impression he depicts is the method we use. The habit of using certainties in treatment, of remedial agents whose properties have been well worked out, gives a precision to our therapy that gives certainty as to results. And this enforces a habit of close attention to symptoms, a watchful estimating of pathologic conditions, and a nicety in fitting the remedies, that we never attained in the old days. But with the same method there is no reason why the average doctor should not do as well,



Asthma: There is a curious tolerance of strychnine, and it may take enormous doses to make the muscles twitch.

Asthma: The ideal treatment of the paroxysm is glonoin, for quick action, and atropine to sustain the effect.



and we believe many would do far better.

Now don't set this down as mere mock modesty. We have too much respect for our readers' intelligence for that. It is the plain, unvarnished truth. And when you hear anyone say that the CLINIC staff is no great shakes, you may add: "That's just what they say themselves." —Ed.

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### WISE PRECAUTION.

If all is well, I think I will pull through 1902. And if I do I think I had better finish paying for the CLINIC for its year; as, if I am able to read, and should miss a number—well, what? Why, I might be tempted to say a "cuss word," and as we are taught to pray: "Lead us not into temptation," we certainly would not be discreet, to create the occasion; and then invite his Satanic Majesty to tempt us. So here is your money. When able to read, don't be surprised if I don't write.

Wishing you both the most felicitous compliments of the season, I am, with kindest regards,

J. A. MILLER, M. D.

—, Cal.

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### TENNESSEE.

As the new year opens I see the advocates of Colorado and Florida are opening up, on the climatic influences of those states upon pulmonary consumption. Now will the advocates of these states please give us the whys and wherefores of their claims?

What is it in the Colorado air or sunshine that makes it so beneficial to consumptives? It cannot possibly be oxygen, if we take into consideration the al-

titude and the weight of the gas. We would be glad to see the details of their claims, with isotherms.

Now we will ask Florida to state its claim. We will admit the richness of the air in oxygen, with its balmy sunshine, but how do they purify the air and take all the malaria out of it, making it fit for a consumptive to breathe? Now, brother, don't try to pack it off on your little winged insects, or on some little peculiar plant growing wild—that is, the etiology of malaria. I don't believe a word of it. (I am going to speak, but don't all of you hit me with your sticks at once—it is not fair play).

Malaria originates from water so confined as to prevent evaporation; the water and its constituents undergo some chemical change, generating a gas which has great affinity for both water and air, the affinity it has for oxygen when oxygenized increases its weight, hence we find it in low places permeating both water and air. Now I have had my say and with it I put in a plea of *non es factum*.

Now back to my subject. If we take into consideration the scientific environment connected with a locality, regarding the climatic influence upon respiratory diseases, why not send your patients to Tennessee? We have every environment that goes to make up a climate that would be beneficial to all diseases of the respiratory organs; we have less consumption, less pneumonia, less bronchitis, less croup, and less everything else affecting the respiratory organs, than any other state in the union. Our winds are gulf breezes that come up the Mississippi river, tempered by the Ohio and Illinois breezes that come down the Mississippi and Ohio rivers; the two

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Asthma: Certainly the man who neglects to treat the nasal mucosa does not know how to treat asthma properly.

Asthma: Of course autotoxemia is at the bottom of many cases and emptying the bowels gives great relief.

currents meet here in Tennessee and shake hands, and agree to do unto each other as they would wish to be done by, and the agreement between the northern and southern winds gives the citizens of Tennessee the finest climate in the world.

I live in the Tennessee peanut belt, where thousands of bushels are raised every year, and the children have free access to them, to eat all they wish, after digging-time on until every nut is sold and shipped out of the country. The children get fat and slick, and in a country practice of thirty years I have never seen but one case of membranous croup, and that was in a family that did not raise peanuts. I never saw a case I considered diphtheria. I have seen tonsillitis, pharyngitis, laryngitis, but not diphtheria proper. There never was an epidemic here of the disease that I ever heard of. Pneumonia is very rare, coryza is common, but it rarely ever crosses where the squamous epithelium comes in contact with the lining of the throat.

Does the oil in the peanut have any remedial influence over croup? Is the eating of the raw nuts the cause of no more croup here than there is?

There are many other points connected with Tennessee I could give, if I had time and space; but will say to Dr. Scott, on page 49, January CLINIC, that I do not believe much in bugology. I cannot see how he has his old sea captain to bring into the world a lot of children with low vitality, that died with consumption; the consumption might have been inherited from the mother, or the low vitality might be traceable indirectly to him, by transmitting his syphilitic taint to the mother; the part the captain furnished to start cell genesis I don't

think cuts any figure in the disease of the children.

E. T. LEWIS, M. D.

Woolworth, Tenn.

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### WORTHY PRAISE.

Please have THE SURGICAL CLINIC come this way another year. This journal is everything you claim for it and more. I have noted an improvement in every issue, until now it is one of the leading periodicals of the kind in the country.

J. S. LINDLEY, M. D.

Hoopla, Calif.

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### STRYCHNINE VS. GLONAIN.

On January 17, boy, 2½ years old, got hold of and disposed of 1 7-30 gr. strychnine sulphate. Was taken with characteristic convulsions within three minutes after discovery of what he had done. I arrived about one hour from the time of first convulsion; mother had given the child milk and warm lard. I gave a teaspoonful sulphate of zinc, and apomorphine hypodermically. Child was thirsty, so we gave him all the water he wanted, but as vomiting did not ensue I emptied the stomach with pump, with good results. But the spasms still persisted, and one hour after I got there a spasm came which threatened to be the last one. Child perfectly cyanotic, with internal strabismus of the eyes.

I prepared a hypodermic of glonoin gr. 1-100, and injected to the right and a little below the umbilicus; this point was selected owing to the fact that the jerking rendered breaking of a needle in the other locations liable. Within three minutes the spasm began to sub-

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**Asthma:** Capsicum is a good stimulant antispasmodic, if given strong enough to bring the tears into the eyes.

**Atheroma:** Stimulate the vital functions by administering zinc phosphide gr. 1-6 four times a day for an occasional week.

side and within ten minutes was gone, the child stating that he was better. Occasional twitchings came on with lessened frequency for one hour, when no sign remained. Child somewhat indisposed for a few days, called cranky by the father.

I do not pretend to say that the child took all of the strychnine above mentioned, but he disposed of that quantity some way which we have been unable to discover, except that he took sufficient to produce the worst spasms I have ever witnessed in my twenty-five years' experience. Is it possible that glonoin is our absolute physiologic antidote for strychnine poisoning? If I should ever have another case I shall administer glonoin first and do my pumping afterwards.

Would like to hear from any similar cases as it seems to me to be a very important point.

An antidote for morphine was only discovered about 1891, and it may be that we may yet discover the exclusive antidote for this one of the most fearful and deadly poisons known and which has taxed the skill of physicians for ages. I got the idea from the CLINIC.

A. J. ROBBINS, M. D.

Mayville and Chautauqua, N. Y.

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#### HYOSCYAMINE AND STRYCHNINE ARSENATE IN SEA-SICKNESS.

In the January number you asked for reports on the above, so I thought I would give you my mite. Several years ago I read that the above remedies are a sure preventive for seasickness. Having made the trip across the water several times, and being sick and so sick

each time, I thought I would try the remedies.

In October, 1900, I landed in New York, and as I did not wish to go by an English steamer, my destination being Hamburg, I took the first boat out, which was a slow one, I believe it took us 14 to 16 days to make the trip; about 12 to 13 knots an hour.

Before embarking I took several Seidlitz powders, and I felt well when taking the boat. The first night I commenced to take the remedies I believe on an average I took from 6 to 8 granules of hyoscyamine and 10 to 12 granules of strychnine arsenate each day. We did not have any bad weather, and although having several times the peculiar feeling which cannot be described but must be realized, I did not have the real sickness. You can imagine my joy when arriving in Hamburg, that I could say I was not seasick. I flattered myself in finding the cure for this dreadful disease.

In November I returned, taking this time a fast boat, the *Deutschland*, but I had no fear. I had the remedies in my satchel. Everything went well until we left France, I think it was Cherbourg. Now, Mr. Editor, you will laugh! The next morning everybody with a few exceptions were sick.

Even some of the attendants had a good dose of the malady. I took my remedies faithfully, but oh, my! nothing would help me. With waves like I saw on that voyage I believe no remedy would have any effect. For three days I was wrapped up in my fur coat, looking like I had lost my last friend. The whole trip occupied only six days, so you can imagine how I felt. I am satisfied I lost twelve to fourteen pounds.

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Atheroma: Do not use zinc phosphide in plethoric cases where the stimulation is more than can safely be borne.

Atheroma: I have seen the progress of a case delayed for years by the use of arsenic iodide gr. 1-67 thrice a day.

The only thing that seemed to give me a bit of relief was champagne, and as Kansas doctors cannot afford to be extravagant, I bought only one pint. On arriving in New York I saw the report that the Captain (he died a short time ago), stated that it was the worst voyage he ever experienced.

Now, brethren, do not get it in your head you will have a sure remedy, but try, and then try again, before you recommend it. The remedy for seasickness reminds me of some of the books that are written, theoretically very fine, but in practice no good. Probably the party who advised the above remedies has never been on an ocean, so the remedies would do nicely, but for practical purposes we will have to find something else.

DR. JULIUS WESSELOWSKI.

Jewell City, Kas.

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It hardly seems fair to recommend atropine, morphine and saline laxative, and then condemn the method because hyoscyamine and seidlitz powders fail. But in such a passage every remedy is apt to fail. The true remedy is to empty the bowels and disinfect them, then get under the influence of atropine slightly, and keep that up; being strictly hygienic as to diet, eating properly the lightest and most easily digested food, in very moderate quantities, and taking sufficient exercise. And do not bring on the sickness by autosuggestion, but think of others.—Ed.

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#### SEA-SICKNESS.

A patient with cystitis has been taking an effervescing preparation of Urotropin called Cystamine, prepared by

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Atheroma: Relieve the kidneys and the heart by regulating the diet and begin by forbidding alcohol and meat excess,

Squire, of London, and has made marvelous progress under it. There is now very little pus in the urine.

As to the effects of the atropine treatment for sea-sickness: Well, let me just say that I went aboard the steamer St. Paul well under the influence of atropine and full of Saline Laxative. I kept up both all through the first three days, and for the first time in my life I made the Atlantic crossing without once feeling sick or needing medicine.

E. J. FERNANDEZ, M. D.

Folkestone, Kent, England.

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The treatment for sea-sickness described has been very successful, but you need not expect it to do good unless the bowels are made and kept clear and clean. And the mind should be kept healthily occupied, to keep the thoughts off the stomach. Get interested in someone or something; talk to the men, the passengers, anyone who has anything to say that interests; pick out the prettiest girl on board and make love to her; or if you are unfortunately old enough to be sensible, pick out the sickest one and divert her mind from herself, and see how you forget your own ills.—Ed.

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#### RHEUMATISM.

It is not often I trouble you with communications, but when I see so many persons afflicted with rheumatism, some partially recover, some still retain the poison and hobble around the remainder of their years, to an acceptable grave which covers all pains and mistakes of the physician, I have come to the conclusion that it is the duty of every man, who has come in possession of a new remedy and has

Atrophy: Muscular atrophy is said to be checked by the use of arsenic in small doses continued for a long time,

tried it, to give results of his experience in its use.

Mr. B., 47, in 1901 was taken with rheumatism. In previous years he had been attacked with rheumatism which would keep him confined to his bed for several weeks. On this occasion he was seized with acute articular rheumatism. All the larger joints were swollen and immovable, and the pain was so intense that it shocked me to look at him. I gave him a hypodermic of morphine, gr. 1-4, to ease him until other remedies could be used.

First, I evacuated the bowels with calomel and podophyllin, then I gave him sodium salicylate, gr. 10, and repeated the dose every two hours until he had taken 50 grains, then I let him rest until morning.

The next morning he was comparatively easy. I kept up the salicylate, giving it three or four times a day. After taking it several days he really was no better, only his pains were not so intense, but the salicylate had rendered him so deaf that he could not hear the artillery of Heaven, his stomach was so much upset that he would vomit at the sight of food, his heart was so perturbed that it seemed as you were sticking a knife through it. We then stopped all medicines and sent for counsel.

One of the leading physicians of Asheville came out, and after examining the patient, came to the conclusion that salicylic acid should be given accompanied with piperazin. I gave that up to the handle for two days. On the third day in the morning his pulse was very feeble and fast, his temperature quite high, one leg was drawn up and the other straightened out, both very painful, his arms from the shoulders to the end of his fore-

fingers were so painful he could not move them, the pain in the chest was so severe that he breathed with great difficulty and his stomach so nauseated he could not think of eating anything.

I gave him brandy and kept it up during the day, also gave him Aspirin, gr. 10, every two hours, nothing else until he had taken sixty grains; and let him rest until next morning, when Dr. B. visited him again and continued the treatment. I noticed that from the first of the Aspirin his stomach became quieter, and continued to be so; and the pains in every portion of the body got easier and continued to improve until he got up in a week or two, but he looked very badly.

This is my experience with Aspirin, and the first case I ever used it on. Since then I have used it in many cases and have never found it wanting. I would advise all brothers in the profession to get some of it and have it on hand to use, and please yourself and patient also.

J. C. CAMPBELL, M. D.

Farm School, N. C.

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We have used Aspirin—are giving it now to a rheumatic doctor, and find it valuable. But we fail to see why it did not increase the ocular trouble, as after all Aspirin is a form of salicylic acid, as to its effects on the body.—Ed.

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#### RECIPROCITY IN MEDICAL LICENCES.

It is sometimes convenient, and sometimes necessary, for a physician to change his location; and until the laws regarding State licenses it was easy to make such changes. At present to do this involves considerable trouble, not to say

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Atrophy: Helonin has been advised as a remedy for muscular atrophy, but we do not know on what principle.

Atrophy, muscular: Strychnine has been recommended, injected into the affected muscles, hypodermatically, full dose.



expense. That this was not the intention of the laws in regard to licensing practitioners we well know, and consequently, as such effect does follow, it should be eliminated. There is already a growing feeling in this regard which if sufficiently accentuated will end in removing this disagreeable feature of the laws.

There is no good reason why a physician, who has received his license in one state, should be called upon to pass another examination before some other State Board; and on the contrary plenty of good reasons why he should not. If you hold the license from the State of Pennsylvania and wish to remove to Ohio, it is a matter of expense and of annoyance to be required to go before some other board of examiners for permission to practice medicine. This is, if not to defeat the original intention of the law, at least to change it materially.

There is already a considerable sentiment about it, and all it needs is to concentrate this sentiment until it is felt as a real demand on the part of the profession. The fact that a physician, after obtaining his diploma and having passed the examination of the State Board, is at least ordinarily competent to practise his profession, ought to be accepted in his favor.

The only way by which to make any change in this result of the law is for the members of State and County societies to make the demand, and continue to make the demand until the point is secured. It is quite competent for any State Board to accept the license of any other State Board which has equivalent requirements, as, indeed, why should it not? Since it does not require new legislation, what hinders? Simply that sufficient impression be made upon the vari-

ous boards of examiners. It is somewhat natural for officials to magnify their office, and incidentally themselves, but if the drift of public opinion is against them in this matter they probably can be reasoned with. "The children of this world," when they desire to accomplish results, do it by agitating,—let the children of this world, in that at least, be imitated by medical men.

H. A. CARRINGTON, M. D.

Bristol, Conn.

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#### POCKET CASE SELECTION.

To all physicians who have never used The Abbott Alkaloidal Co.'s preparations, I suggest that if you are really interested in medicine and want to quickly cure your patients, order for the first time a 24-vial vest-pocket case, with an addition of Abbott's Saline Laxative and W-A Intestinal Antiseptics, and give them a trial.

If you are not interested in medicine and your mind is always absorbed by other lines of thought, you can do just as well to send your prescriptions to some substituting or adulterating druggist, or purchase your medicine from some traveling salesman, made by some "Tom, Dick or Harry," that of course knows (the money side of it), their business. But instead of this I suggest that you take up some other profession in which human life is not jeopardized by drones.

The following is my selection of medicine for the 24-vial pocket-case, with a few of their indications and uses; and with these 26 remedies, a fever thermometer and a fountain syringe, a physician is prepared to treat most of the ordinary diseases.

Aconitine is used when the pulse is small and frequent, with increased tem-

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Atrophy: I have known the massage with hot cod-liver oil restore the contour of a wasted arm in a few weeks.

Atrophy: Massage, pil inunctions, faradism, are remedies that are well worth a trial before giving up as hopeless.

perature, feverish condition, with restlessness, croupy cough, rousing the patient from sleep; in the beginning of pleurisy and pneumonia; rheumatism with high fever and stinging pains; pains aggravated at night, relieved by sitting up; and in neuralgia with shooting pains in the head. It is sedative, diaphoretic, diuretic, antispasmodic and narcotic. Dose of the amorphous, one granule gr. 1-134 every fifteen to thirty minutes until effect.

Aletrin is used extensively in diseases of the reproductive organs; in uterine displacement and leucorrhea when accompanied by extreme constipation in which great efforts are required to evacuate the bowels; menstruation when too frequent and accompanied by labor pains; female disorders when accompanied by a tired feeling. It is a gastric stimulant, uterine tonic, diuretic, vermifuge, purgative and emetic. Dose, one to three granules gr. 1-6, three to six times daily.

Alnuin, employed in scrofulous and syphilitic diatheses, cutaneous diseases; inflamed conditions of the mouth and throat, and as an injection in gonorrhea and leucorrhea; it improves nutrition; should not be used during menstruation. It is an alterative, resolvent, tonic, astringent, and in large doses emetic. Dose, one to six granules gr. 1-12, two or three times daily.

Asclepidin has a decided influence on the mucous membranes and is a remedy that has a wide range of action; in fevers where there is much restlessness it is best to combine it with cypripedin; for colic in children with dioscorein; for peritonitis, with lobelin; for bilious fever, with euonymin; for rheumatism, with macrotin; for bronchitis and measles,

with gingerin and scutellarin; it is diaphoretic, antispasmodic, tonic, diuretic, carminative, expectorant, emetic, and cathartic. Dose, one to two granules gr. 1-12, every two hours.

Atropine is an antidote to more toxic drugs than any other agent in the materia medica, and has a wide range of action in many diseased conditions. It is well to bear in mind that its action when given in large doses is almost opposite to its action when given in minute doses. It is used in nocturnal enuresis, ptyalism from mercury, pilocarpine or pregnancy; spermatorrhea, spasmodic convulsions, night-sweats, and stupid conditions when the patient sleeps with the eyes partly open and the pupils dilated; in congestive headaches it is best to combine it with aconitine; and in uterine hemorrhage a granule should be given every five minutes, occasionally combined with a granule of glonoin, until it is controlled or the mouth begins to get dry; it diminishes the secretion of milk and is claimed to be prophylactic in scarlet fever; it is diuretic, anodyne, narcotic, antispasmodic, diaphoretic and alterative. Dose, one granule gr. 1-500 up to gr. 1-60, repeated until effect.

Baptisin is useful in septic and typhoid conditions, malignant sore throat, offensive breath, thrush with a putrid tendency, chronic dyspepsia, weak, drowsy and confused conditions and foul, painless diarrhea; it is antiseptic, tonic, stimulant, alterative, emmenagog, astringent, emetic and cathartic. Dose, one or two granules gr. 1-12, every two to four hours.

Bryonin is used in biliousness with heavy, white coated tongue and bitter taste, bursting frontal headache worse after eating, stiff neck from cold, cannot



Atrophy: In all these affections do not forget that autotoxemia may cause the malady or keep it up.

Backache: Here is a chance for the diagnostician who can ascertain the cause of the ache and fit the remedy.

move the head, joints painful and swollen, sensation of a stone in the stomach, pain in the liver, profuse diarrhea, when the discharge is of a clay color, chronic intermittent fever with enlarged spleen. When this remedy is indicated the patient is worse by motions and pains, better by pressure; it is sedative, diuretic, anti-rheumatic, nervine, discutient, and in a large dose cathartic. Dose, one to two granules gr. 1-67 every two hours.

Colocynthin is useful in colic when the pain is easier, when the patient bends double, crampy pains in the hip, facial and stomach neuralgia, vomiting, diarrhea, after a fit of anger, dropsy and torpor of the abdominal organs. It is tonic, alterative, resolvent, cholagog, cathartic and diuretic. Dose, gr. 1-1000 to 1-6.

Cypripedin, useful in hysteria, neuralgia, restlessness during pregnancy and all derangements of the nervous system when the patient is very restless and pupils contracted. It is tonic, stimulant, diaphoretic and antispasmodic. Dose, one to six granules gr. 1-12 every half to two hours as indicated.

Emetin is useful in vomiting when of nervous origin, dry, spasmodic cough, spasmodic asthma, intermittent fever when the case has been abused by quinine, profuse menstruation with constant nausea, indigestion where there is much nausea and in most forms of dysentery. In cholera infantum it is well to combine it with aconitine, which in many cases will be the only remedies needed in ordinary coughs; and especially those of a dry, tickling character; when combined with codeine the effect is almost instant. In small doses it is alterative, expectorant, diaphoretic, tonic, stimulant and appetizer; in large doses, emetic

and cholagog. Dose, gr. 1-67 to 1-6, according to the effect desired.

Euonymin is one of the most direct cholagogs in the materia medica. It is indicated in chronic malaria, hepatic and gastro-intestinal disorders, dropsy and general debility; it stimulates the nutritive processes and improves the digestion. It is often best to combine it with hydrastin; it is tonic, alterative, laxative, cholagog, diuretic, expectorant and anti-malarial. Dose, three to six granules gr. 1-6 every four to six hours until effect.

Gelsemin, used in all fevers when there is irritation of the nerve centers, low forms of prostration with contracted pupils, drowsiness with trembling of hands and body; muscles almost fail to do their duty, so weak and stupid is the patient; grip when the chill runs up the back with aching all over; ovarian neuralgia and convulsions of children. It has been claimed as a prophylactic against malaria; when combined with quinine it increases its antiperiodic effect and diminishes the tinnitus aurium caused by it; if the heart is weak its action should be closely watched; it is a sedative, antispasmodic, alterative, relaxant, emmenagog and nervine. Dose, one to three granules gr. 1-134 every two to three hours.

Glonoin, is of much value in sudden attacks of most all diseases, heart-failure, sunstroke, throbbing headache, epilepsy with rush of blood to the head, pulsating neuralgia, violent pulsations all over the body; numbness and weakness of the left arm and leg; vertigo when walking and some forms of nervous diseases; a peculiar mental symptom is, that well-known places seem strange. Dose, one granule gr. 1-250 every five



Backache: If over the sacrum, look to the rectum for the cause, in hemorrhoids, fistula, spasm of sphincter.

Backache: If at the sacro-lumbar joint look to the pelvic organs for the cause; uterus, ovaries, prostate, bladder.

minutes until effect. It acts more quickly when dissolved on the tongue than when given hypodermically.

Hyoscyamine is useful in hysteric affections; sleep unrefreshing from crowded dreams; dry, spasmodic night cough, morbid sensitiveness of any organ, paralysis of the bladder, excessive sexual desire. It is stimulant, anodyne, antispasmodic, diuretic, sedative, laxative, narcotic, antiseptic and hypnotic. Dose of the amorphous, one granule gr. 1-250 every half to one hour until effect—pupils dilate.

Irisin is one of the most efficient cholagoges in the materia medica. It is indicated in all affections depending directly or indirectly upon hepatic torpor, eczema or constipation, or those subject to sick headache, sour stomach and nausea, diarrhea with burning in the anus, enlargement of the spleen or lymphatic glands; it is cathartic, emetic, diuretic, cholagog, alterative, sialagog, vermifuge, resolvent and antispasmodic. Dose, one or two granules gr. 1-12 three or four times a day.

Populin will give good results in most forms of gonorrhea, gleet, intermittent and remittent fevers, rheumatism, headache, diarrhea, Bright's disease, worm complaints, weak loins, obstruction of urine, and is good to regulate the bile and restore the digestive powers to normal action. It is tonic, febrifuge, diuretic, anthelmintic and antiseptic. Dose, one or two granules gr. 1-6 three or four times a day.

Quinine sulphate is the lazy and ignorant southern doctors' "cure-all;" and they prescribe it and that other prominent "disease router," calomel, in everything from an ingrown toe-nail up to bald

heads. It, like all other drugs, gives good results when indicated and is worse than useless and even harmful when not indicated, especially in the size dose that is usually prescribed by most physicians. It is indicated in weakness and debility resulting in the loss of any fluids from the body, sunken eyes, with dark rings about them, painless diarrhea, dyspepsia with cold, stomach and convalescence from exhausting disease. It is never indicated when the skin and mouth are dry; when the nervous system is irritated; when the spleen is enlarged and during constipation; it cannot be tolerated by some patients, and for those it should be entirely abandoned or used in exceedingly small doses. Quinine arsenate has a wider range of action than any other salt of quinine, and the smallness of the dose makes it commendable to both physician and patient, and especially to physicians who dispense their own medicines, a thing that all should do, so as to assist the substituting and adulterating druggist to find a more legitimate calling. The dose should be governed according to the conditions and effect desired.

Salicin is of much value in acute rheumatism, catarrh of the stomach and bowels, chronic diarrhea, malarial diseases and neuralgias. In malarial diseases it is best to combine it with euonymin, and in neuralgia with cypripedin; it is best suited to vigorous patients and if not promptly efficient it should be abandoned at once. It is antiperiodic, tonic, antiferment, antipyretic, antiseptic, germicide, astringent and antimalarial. Dose, one or two granules gr. 1-6 three or four times a day, although larger doses are occasionally demanded.



**Backache:** If in the lumbar region look for the cause to the muscles of back or abdomen, myalgia, muscle strain.

**Backache:** Unilateral ache may be due to calculus embedded in one kidney, or to muscle wrench, or appendicitis.

Salol is a germicide in a higher degree than either of its constituents and is believed by some to kill any living thing in the intestines. If you give it in the first stages of acute diarrhea or dysentery it will relieve it; it is also of value in gonorrhea, duodenal catarrh, catarrh of the bladder, and in bilious sick headache. It is decomposed in the intestines into salicylic acid and phenol; it should not be used when there is any disease of the kidneys. It is antiseptic, antipyretic, germicide and somewhat analgesic. Dose, one to six granules gr. 1-6 every half to two hours until effect. It is claimed that it is safe to give as much as three drams in 24 hours.

Santonin is said to be specific in suppression of urine, especially in children; but its action on the kidneys must be closely watched. Many intestinal disorders and many forms of cough, nausea and headache, will yield to its use; its original field was only in the treatment of worms, for which it is of much value, but its value as a vermifuge is greatly enhanced if combined with chelonin, populin and juglandin. It is anthelmintic and somewhat antispasmodic. Dose, one to three granules gr. 1-6 every two to four hours until effect.

Strychnine is useful in diarrhea and dysentery of an epidemic type, visceral neuralgia, local and diphtheritic paralysis, and in chronic alcoholism; it is also of much value as a heart-tonic and stimulant, and as a general tonic and stimulant; when combined with quinine it gives good results in some forms of malaria, and when combined with hyoscyamine and glonoin good results are obtained in intestinal colic, retention of urine and delayed labor. It will often

assist the action of many remedies when combined or alternated with them. Dose, according to the effect desired.

Scutellarin I recommend in chronic convulsions, neuralgia, hysteria, with inability to control the voluntary muscles, sleeplessness, delirium tremens, intermittent fever, seminal emissions, undue sexual desire, hydrophobia, lockjaw, cerebral irritation from teething and other nervous diseases of children, when the child is drowsy, sleeps with its eyes half open and pupils dilated. When combined with capsicin and hydrastin it cannot be surpassed in weakness of the heart, a thing that should be remembered. It is tonic, antispasmodic and nervine. Dose, one to three granules gr. 1-6 several times a day.

Senecin is of value in enlargement of the uterus when accompanied by uterine leucorrhea, suppressed menstruation, when the patient is hysterical, nervous and sleepless; diseases of the reproductive organs of women characterized by a sense of fullness, weight and dragging in the pelvis, pains in the testes and spermatic cord due to engorgement. It is diuretic, tonic, diaphoretic, alterative, emmenagog and expectorant. Dose, one to three granules gr. 1-6 three or four times a day.

Cornin. Its action is similar to quinine, and it can be prescribed for patients that cannot tolerate quinine, in relaxed and enfeebled conditions, general exhaustion, intermittent fever, headache from quinine, and during convalescence from acute disease. It improves the appetite and digestion, stimulates erectile tissues and increases the strength of the pulse. It is tonic, stimulant, astringent, antiperiodic and febrifuge.



Backache: The enumeration of the various causes capable of inducing backache would fill many of these notes.

Backache: The muscular cases may be easily picked out by applying the negative pole of a faradic battery, strong.



Abbott's Saline Laxative and the W-A Intestinal Antiseptics are used to clean up and keep clean, and are indicated in most all diseases.

J. A. BURNETT, M. D.  
Sullivan, Ark.

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**EXANTHEM.**

January 11, called to see a baby, who was taken sick the day before; temp. 101, pulse 180 and thready, convulsions, crying and straining in intervals, bowels not acting well, swollen and tympanitic.

Gave calomel gr. 1-10, until nine were taken, one every half-hour. Dissolved ten Infant's Anodyne in ten teaspoonfuls of water, to which I added five aconitine gr. 1-134 each, and directed one teaspoonful every half hour till child was quiet and then every hour. Calomel, to be followed with two teaspoonfuls of castor oil. At 8 p. m. child was resting well. Ordered the following: Tincture hydrastis drams 1 1-2, syr. ipecac drams 1 1-2, syr. rhubarb drams 2, soda sulphocarbonate gr. 6, water q. s., two ounces. Sig: One teaspoonful every three hours.

Next morning baby much better, but all broken out. I gave calcium sulphide gr. 1-4, every two hours until saturation, and ordered the baby bathed twice a day with the following: Hot water 1 pint, Epsom salts one ounce, carbolic acid one dram. Baby made an uninterrupted recovery. What was the trouble?

My diagnosis, constipation and varicella. There had been quite a number of so-called smallpox cases in the neighborhood, in which the patient would have high fever for one, two or three days, when breaking out would appear, and last four days, then fall away, leaving

no pits or scars; some do not even have a physician, yet it is diagnosed smallpox.

Creosote carbonate, with calomel to open up secretions, strychnine to sustain the heart, will be found almost specific in any case of pneumonia, cutting short the attack, lowering fever and avoiding the collapse attending cases which end by crisis.

I pin my faith to the alkaloids in everything and wish the CLINIC the success it so richly deserves.

F. E. LEE, M. D.

Wren, Miss.

—:o:—

For some years there has been a very general epidemic through the country of smallpox, so mild as to cause great difficulty in diagnosis. It is simply impossible for us who didn't see the eruption, to more than guess at it, especially since you do not describe the eruption. Your treatment was fine. It is a queer thing, when so many people are dying of pneumonia all over the country, that no one else can report such a success as the alkaloids gives us.—Ed.

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**COPPER CURE FOR CONSUMPTION.**

Prof. Luton, of Reims, France, for twenty-five years sought a cure for tuberculosis with copper, and some twenty years ago, in an article on the subject, concluded by saying that: "The cure of tuberculosis can be generally obtained by means of copper phosphide, which, however, must be in the nascent state and soluble in an alkaline body." "A double decomposition takes place in the stomach and there is a specific action of the copper with a dynamic action on the

Biliousness: For dark fetid stools, flatulence, either diarrhea or constipation, give podophyllin, small doses.

Biliousness: An occasional dose of aconitine aids the action of either podophyllin or mercurial cathartics.

part of the phosphorus in the preparation."

The Van Ness Copper Co., N. Y., makes the following pill: Neutral acetate of copper, .015 gr.; sodium phosphate crystallized, .017; glycerin, licorice, q. s.; creosote, .075; sparteine, .005; coated with egg albumin. Dose, one pill after meals; increase the dose as the stomach will bear it. This pill will not keep long.

In treating chlorosis and anemia with copper, which I find the nearest to a specific, I combine copper phosphide and arsenous acid. I have treated tuberculosis with various combinations of copper, and have in those cases where the tubercle bacilli are found had some good results; but while I believe in the germ theory I believe that pulmonary tuberculosis is more often due to sympathetic enervation (or the weakening of the power governing metabolism), and have found this cause more the source of tuberculosis, etc., than all others. When this condition exists the germ can invade to hasten its destructive work, as in the case of decaying meat, or cheese, when the maggot or skipper follows, but is not the cause.

I prefer the copper phosphide pills made in this way: Neutral acetate of copper gr. 1-12 to 1-6, one tablet; sodium phosphate crystallized, gr. 1-2 to 1, one tablet. Dissolve the copper tablet in a little water in one glass and the sodium phosphate in another glass, pour a little milk into each, then pour both together and swallow. The oil in the milk prevents the formation of copper phosphide until it enters the stomach, and then you get it in the nascent state. It is tonic, bactericide, antiseptic, anti-tubercular, hemostatic, and introduces

into the blood hemocyanin, which is found in most cold blooded animals that are immune to tuberculosis. It can be put in liquid form, in two separate vials, and dropped into milk, a dose from each bottle. Glycerin, soda phosphate, water and carmine to color for one bottle; alcohol, water, caramel and neutral acetate copper the other vial, milk to be the vehicle, or some of the oils to prevent the two chemicals coming together before entering the stomach, but both to be taken together, however, in milk or oil.

J. ZACHARY TAYLOR, M. D.

Baltimore, Md.

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#### ARE WE RIGHT?

In the September and October No.'s of 1902, the editor of the CLINIC extends an invitation to its many readers to take a stroll with him into a new Utopia, to find there, if possible, the ideal relationship which should exist between the medical profession and the public. Brethren, do not be clams, fit only for the capacious gullet of some gourmand, but cheerfully sally forth into this new dreamland and explore its possibilities.

Mr. Editor, in all candor, and in the spirit of the kindest criticism, I feel that the thought is utterly impracticable. Keep the public off the professional grass. In this land of ours liberties have been given to the public which in Europe would be considered unpardonable trespass on the domain in which none should dwell but the profession. Be the community in which an M. D. lives and practises ever so intelligent, let him guard his own domain with the utmost care. Above all, let him guard it from invasion. Let it be distinctly understood, by

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**Biliousness:** The mercurials are especially indicated when the stools are fetid, clay-colored or white.

**Biliousness:** Small doses of rhubarb promote a healthy secretion of the duodenal glands and this is curative.

the community in which he practises, that the doctor is the king in his own realm, and that no interference or even suggestion, relating to his affairs which concern his profession, can be tolerated, but rather impress upon the public that it is composed of so many claims, which, however, it is not his intention to appropriate, and that it must be content to continue to be a clam in matters which pertain to the profession. That there cannot be any kind of cooperation between them *professionally*, and it will follow, as night the day, that this guarded jealousy, will not be construed by the community as being the queer tactics of a crank, but rather a guarantee that the doctor knows his business. In all other matters the relation of the physician towards the laity should be that of a gentleman. Familiarity breeds contempt. Far better a little of the odor from the sacred vapors as arose from the chasm in the Oracle's temple at Delphi, than an indiscriminate surrender of physician to the whims of the community in which he practises. The writer, in short, contends taking the extreme opposite view to that of the CLINIC, "that socially and morally the doctor should be in perfect unison with the community, to uphold those principles which are considered to be of good repute," but that professionally he should go it alone, stand aloof and be the only authority, the star of his profession. And to be sure, wherever confidence is established by the community in their physician, there will not be any desire or attempt on the part of the public to interfere. If, then, the public is content to be a clam in this respect, why not let it be?

In this connection, no doubt, many of our readers, including myself, are desir-

ous to bring up for discussion in your valuable journal, the relationship which should exist between the members of the medical profession themselves. Is it not the opinion of the CLINIC, that the so-called medical etiquette, as preached by our professors, is rather neglected when in the field of competitive practice. What is your treatment, or is there any?

ALBERT BJORNSON, M. D.

Vernal, Utah.

—:o:—

I am very glad you speak of medical etiquette being preached by the profession, and don't claim that it is practised by them. I shall be glad to give your ideas place. It is a good thing to discuss all matters that concern the profession; only we can't make the conditions about us in conformity with the preconceived plan of what we would like to have them, but are compelled to take them as we find them and do the best we can under the circumstances.—Ed.

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#### COLCHICINE.

Colchicine cures gonorrhea and dry itching skin diseases, eliminating the offending material from the blood, while in rheumatism no other remedy has proved so satisfactory.

W. T. VANCE, M. D.

Orangeville, Pa.

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#### CORRECTION.

In my article in January CLINIC, page 51, in giving the prescription taken from Grover Coe's Concentrated Organic Medicine, I failed to make the prescription plain, and hence I beg your indul-

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**Biliousness:** One of the remedies that seem to deserve a full trial is stillingin, whether the bile is excessive or deficient.

**Biliousness:** Bryonin is useful for sluggish liver, bilious vomiting, with headache; a systemic antiseptic.

gence in making the following correction:

R. Populin.....grains 20  
Tinct. myrrh.....drams 2  
Warm water.....ounces 4  
A tablespoonful one to four hours as needed.

H. P. SAUNDERS, M. D.  
Alfred, N. Y.

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#### DOCTOR'S BETTER.

I have received untold worth from every dose of your medicine I have ever given or taken. It is true to name. I am cured now of my kidney trouble for which I consulted you. After eleven weeks' illness, I must now make up for lost time.

A. K. ALLEN, M. D.  
Etherley, Ill.

—:o:—

Don't try too hard to catch up, and get yourself down again. A doctor is worth more than his work, every time.—Ed.

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#### PNEUMONIA AND TYPHOID FEVER.

This Spring, during an epidemic of measles, a married woman, 38, weighing 240 pounds, contracted the disease. For eight days every known remedy failed to bring the eruption to the surface. For five days and nights she vomited continually. Nothing would allay the nausea, which persisted until the full development of the eruption. She was then so much improved that the case was dismissed.

Four days later I was again called, to find that she had had a chill on the previous day, followed by fever, and a pneumonia was easily recognized. The cough was tight, pulse 110, resp. 40,

temp. 103.5, rusty sputa, right lung. Prescribed Defervescent Comp., emetin, for bowels Saline Laxative and zinc sulphocarbolate; the former pushed daily until the pulse was 80. Fever always the same. Fifth day, resp. up to 48. Towards evening a sharp lancing pain with every breath in left lung set in, and by morning resp. had increased to 60—double pneumonia!

She was desperately ill. Pushed remedies and began giving strychnine arsenate. The seventh day she began complaining of nerve tingling. Dropped Defervescents for tinctures of digitalis and gelsemium, and glonoin granules. On the eighth day the Defervescents were again given, but tingling again began after she had taken three. Resumed mixture, omitting gelsemium on tenth day. Fever now began to subside. Resp. down to 48, pulse 120. After omitting the Defervescents a few hours the pulse went from 80 up to 128, and remained there, commencing to fall the tenth day.

Alarming symptoms of heart-failure began to appear; tided over by glonoin. Fever gradually abated; evening of thirteenth day, resp. 32, pulse 90, temp. 99, cough continuous and distressing, partially allayed by codeine and emetin. Discharged on fourteenth day.

The bowels were kept open by Saline Laxative; the sulphocarbolate was given for twelve days to toleration of stomach. During entire illness the patient had to be propped up in bed with pillows. Of nuclein I gave all I had, early in the course. The nerve tingling, no doubt, was caused by the aconitine. Calcium sulphide was also given on account of the cough. She was annoyed by a cough for over two months. This was a battle royal, and was conducted on alkaloidal lines. The

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Biliousness: The duodenal and biliary catarrh are benefited by ammonium iodide, copper arsenite, juglandin.

Biliousness: The attacks that seem as if the liver had gone on a strike are benefited by euonymin gr. 1-6 every hour.

patient was on a visit to friends when taken ill.

During the past year much has been said in the CLINIC on jugulating typhoid fever. For a time I thought I was doing this myself; but recent occurrences have put me again in the list of doubters. In selected cases something of the kind may be done, if the patient is able to take the remedies. I am constantly finding people whose stomachs will not tolerate more than a grain or two of zinc sulphocarbolate an hour (and the purity of the drug cannot be questioned), to say nothing of giving from 40 to 60 grains a day, which is necessary for a time at least, to render the bowels antiseptic. The W-A tablets produce the same effect, nausea and vomiting. Unless the Saline Laxative and sulphocarbolate are pushed to the limit, and the limit must be an unlimited amount, so to speak, the disease runs its course; although that course will be mild and free of complications, a condition much more gratifying than can be secured by the old methods.

I am forced to this conclusion from careful observation of several cases which have been in my practice during this fall. What will abortive doctors say about these patients, in whom the fever terminated the twenty-second, twenty-fourth, twenty-eighth, and forty-seventh days respectively? Some of the aborted cases mentioned in the CLINIC may not have been typhoid at all, in which fourteen to eighteen days were given as the limit. Not all continued fevers are typhoids by any means. Jugulating is often given a great boost by faulty diagnosis. How about Gov. Yates, and young Vanderbilt, of New York, recently? They command the very best physicians, and yet the disease runs its course.

The writer is no novice in the treatment of typhoid, his experience has been great and varied, bald-headed and gray. May I not add to this—and say, successful—having lost but one patient having typhoid in fourteen years? In this the young man killed himself by eating a jar of pickles on the sly, bringing on two severe hemorrhages of the bowels, and by smoking cigarettes constantly up to two days of death, the twenty-eighth day. The immediate cause of death was cardiac paralysis.

When I see a good thing I use it. I am satisfied the method advocated by the CLINIC, the alkaloidal system, is as near perfect as experience can suggest. I believe pneumonia can be jugulated; but I still have to have pretty stiff evidence that typhoid belongs to the jugulative class, except in selected cases, of doubtful diagnosis. I do not call a typhoid jugulated which runs twenty-one days, and I never had one terminate sooner. There may be others.

E. C. LOOMIS, M. D.

Perryville, Ind.

—:o:—

Between the jugulation of typhoid fever and the jugulating of every case of that malady, there is some room. No one, so far as we know, has yet claimed that every case can be jugulated, or even carried through successfully. We do claim that the disease is rendered less fatal, the *average* course milder and shorter, and that the number of cases that are diagnosed as typhoid but prove abortive is greater, under the antiseptic treatment than under any other; but we are far from claiming perfection.

We still cling to the initial doses of calomel advocated by Wunderlich. We still find place for turpentine in the later

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Biliousness: In gouty cases much relief is had from the steady administration of lithium salicylate.

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Biliousness: In gouty cases the acidity of the stomach is helped by salicylic acid, gr. 1-6 every quarter hour.



stages; and for silver, atropine and other remedies, as well as the sulphocarbolates. We find much less of the latter requisite when the bowels are well cleansed first and kept clean. We do not have patients losing their lives for vegetable acids since we are careful to supply pure, fresh, fruit juices throughout the course of the attack.

It will be seen that we are not very far from the views of our correspondent. But we regret that he marred his excellent letter by the allusion to the Yates and Vanderbilt cases. That the physicians in charge failed to abort these cases would prove nothing, even if they were known to have used the antiseptic method; which they didn't. For that would be claiming that if anyone by the antiseptics aborted any cases of typhoid, anyone else by any other method should do the same in every case.

Nor is it fair to question the diagnoses whenever a case recovers in a period shorter than the traditional one. If the doctor in charge, who saw the case, believed it typhoid, the evidence is altogether in favor of that hypothesis, until stronger evidence is submitted to the contrary. And to claim that the short course is this rebutting evidence, is begging the question. Even Osler admits that with continued fevers the presumption is always in favor of their being typhoid till proved not.—Ed.

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#### PNEUMONIA.

This is an acute infectious disease, caused probably by Frankel's micrococcus lanceolatus. Usually the lesions are confined to the whole of the lobe, sometimes to the whole of a lung, or part of

both lungs. Generally it begins in the inferior right lobe.

Pathology. The three stages are: 1. Hyperemia or engorgement. 2. Consolidation or red hepatization. 3. Resolution or gray hepatization.

The right cardiac spaces are generally distended by clots which come away in a mass. In fact all of the blood is inclined to clot, owing to the fibrinous elements. The spleen and kidneys are congested.

Etiology. Pneumonia is caused by the micrococcus lanceolatus (Frankel), an elliptic coccus united in pairs, sometimes called diplococcus or pneumococcus. It is present often in the nose, throat and larynx of healthy people but not in quantities. It is found in about 95 per cent of pneumonia sputa, quite numerous. It can be demonstrated by spreading a thin layer of sputa upon a cover glass, permitting it to dry in the air without heat, then passing slowly through the flame of a spirit lamp three or four times to fix the specimen, then several drops of staining solution (methylene blue and eosin) are placed upon the specimen. Heat over the flame until vapor of steam escapes, generally about one minute. Then wash in water and dry by bibulous paper and air. The nuclei and diplococci appear blue, other portions red. It may if preferred be stained by Gram's method. This diplococcus persists in a patient for months after pneumonia. This germ occurs in pneumonia, pleuritis, empyema, pericarditis, meningitis, peritonitis, endocarditis, synovitis, abscess, and broncho-pneumonia of adults.

Pneumonia occurs in the old and young, especially the former; males more frequently than females; more prevalent in cities than country, and in those ex-

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Biliousness: In gouty cases with water-brash this is benefited by manganese binocide, gr. j every ten minutes.

Biliousness: The constipation is well treated by aloin, which affects only the lower bowel; gr. 1-6 every hour.

posed to the weather; it is prevalent all over the United States and mostly from December to May. Debility, alcoholism and previous attacks predispose. It may occur epidemically and is then sometimes very severe, occurring with a mortality as high as 25 to 30 per cent.

**Symptoms.** Prodromes mostly none. Invasion abrupt, marked by severe chill, convulsions in children, followed almost immediately by high fever, 103 to 105 F., where it stays, fluctuating from one to two degrees in morning to evening until the crisis. Sometimes there is a pseudo-crisis, two or three days before the crisis. The crisis generally occurs upon the seventh, ninth, eleventh, or fourteenth day; the fever declines abruptly in six to fourteen hours to normal or below, with profuse sweating. The skin is hard and dry to the feel; frequently herpes on lips, face flushed and often showing a deep, red spot in cheek of affected side, pulse quick, usually hard and bounding, from 100 to 110, not as high as fever would indicate. When pulse reaches 120 or more, look out for heart-failure. This occurs mostly at the end of the disease. The heart-sounds are clear and there is an accentuated second sound; when this is absent look out for heart-failure. Delirium in drunkards, headache, respiration from 30 to 60; in children from 50 to 95, panting expiration and inspiration short, with a pause between. Cough frequent, dry, short and repressed as much as possible for the pain. This symptom not so well marked in the aged and drunkards; pain upon coughing and deep inspiration; it is sharp and stabbing upon affected side, especially during the first days. Sputa first frothy and mucous, it then becomes rusty, blood-stained, tenacious and viscid, adhering to cup when inverted, amount

profuse or scanty, clearing as patient recovers. No appetite but excessive thirst. Vomiting may occur at onset; constipation, but sometimes loose; patient generally lies upon affected side to keep it quiet. Blood, red corpuscles decreased, leucocytes generally increased, also febrin, rich and dense. Urine, high color, specific gravity high, strongly acid, chlorides absent or nearly so at height of fever, albumin slight, urea and uric acid increased.

#### Physical Signs.

1. Hyperemia. Cough, dyspnea, fever. Inspection, affected side less movement. Palpation, fremitus slightly increased. Percussion, higher pitched or slightly tympanitic. Auscultation, broncho-vesicular and sometimes subcrepitant rales, crepitant rales at end of this period.

2. Consolidation. Rusty sputa, cough, dyspnea and high fever. Inspection, little or no expansion of affected side; movements increased on other side. Palpation, absent expansion, increased vocal fremitus. Percussion, dullness and sense of resistance. Auscultation, bronchial or tubular breathing, crepitant rales at first part of consolidation.

3. Resolution. Prostration, brownish sputa. Inspection, increased movements. Palpation, diminished fremitus. Percussion, very slowly the sounds return to normal. Auscultation, crepitant and subcrepitant rales, coarse rales with breathing sounds back to broncho-vesicular, and then to normal.

**Complications.** Pleurisy, pericarditis and endocarditis. Duration from two to four weeks or more.

**Prognosis** should be guarded, as the death rate is all the way from 2 to 40 per cent.

**Prophylaxis.** Recent Literature:

Biliousness: Aloin for the constipation may be given in doses up to a grain, at bedtime, with morning saline.

Biliousness: After the attack is over the stomach is better for a gentle tonic, such as calumbin, gr. 1-67 in water.

Dr. E. F. Wells, of Chicago, says: "The fatality of this disease has increased but little if any in the last eight years, but its prevalence has greatly increased."

Individual Prophylaxis: Keep nasal, pharyngeal and oral cavities free as possible of mucus, as such secretions contain the diplococcus; care should be taken not to become chilled or over tired when this disease is prevalent; keep away from the infected individual; and all secretions from throat, nose, etc., of the sick, should be destroyed before they become dry.

Dr. J. J. Walsh, of New York City, says: "The mortality of this disease is on an increase in our large cities while other diseases of an infectious character are on a decrease." Pneumonia is in a sense contagious and so the secretions should be destroyed by fire before they become dry. This seems an exaggeration and over cautious but will save many a life. It is less than twenty-five years ago the same was thought of consumption. When in a rundown condition and nervous exhaustion, stay away from great gatherings and crowded, drafty, hot halls. You come from a cold outer air with blanched, mucous membrane from contact with the cold air, into the hot, dusty atmosphere of a crowded hall, and afterwards you again go out into the cold, thus giving the germs a good show, by lessened vitality, etc. By inquiring you will find that this is often the history of your case. Halls should not have carpets but hardwood floors.

Dr. G. M. Kober, of Washington, D. C., says: "May not the increase of daily consumption of alcohol have something to do with the prevalence of this disease, as it lowers the resistance of the system? I thought of this especially, as we all

know that the increase of heart, liver and kidney troubles, is caused by the same."

Dr. A. Robin, of Newark, Del., says: "As the diplococcus is found even in health, man naturally enjoys immunity from the germ excepting when that immunity is reduced by exposure or disease. In pneumonia death is generally caused by toxemia and not by consolidation of the lung tissue."

Dr. H. M. Bracken, of Minnesota, says: "This disease has been increasing in rural districts both in regards to number of attacks and death rates."

Treatment: Patients should be confined in a well aired, dry and sunny room, temperature about 65 to 72 degrees, and should stay in bed until at least eight days after crisis. Food should be liquid, mostly milk, meat juices, broths, and white of eggs. Food to be given at stated intervals and in small quantities but excellent quality. Alcohol is used as a food but personally I do not recommend it.

Abortive treatment: Digitalis, aconite, veratrum viride; Dosimetric Trinity, or the Defervescent Compound.

Antipyretics, acetanilid, phenacetin, etc., veratrine, aconitine and wet packs, baths, ice bags and quinine.

Cardiac stimulants, strychnine, alcohol, digitalin, glonoin hypodermically, caffeine, ammonia and saline injections, camphor.

Respiratory stimulants, strychnine, atropine, oxygen.

For pain, morphine, ice bags, poultices, cotton jacket.

For nervous symptoms, hydrotherapy, ice cap, morphine, bromides.

For cough, morphine, ammonia, terebene, codeine, heroin, iodoform.

Antiseptic measures, carbolic acid,



Biliousness: As long as there is any sign of irritation of the alimentary tract, give leptandrin to act on the liver.

Biliousness: The relaxation and debility of the duodenum are benefited by hydrastin, gr. 1-6, an hour before meals.

mercuries, antipneumococcic serum, calcium sulphide.

Venesection, early in full blooded, with high fever and bounding pulse.

Purgatives, calomel, epsom salts; sulphocarbolate of zinc to keep bowels clean.

Expectorants, ammonia, ipecac, scillitin, soda salicylate (gr. 8 per day, specific), injection of salt solution 4 to 8 oz. one to four times daily.

Dr. Tyson, of Philadelphia, says: "There are two periods in the course of this disease when blood-letting may be of service. At the beginning for relief of dyspnea and pain, also in advanced stages where engorgement of the right heart is associated with intense dyspnea and general venous stasis. Alcohol given when pulse is compressible and dicrotic, and the second sound at pulmonary area lessens its force; give freely and sit by patient, and if the alcohol causes the functions to become nearer normal continue its use, but if it does not, then stop at once."

O. A. T. SWAIN, M. D.

Athol, Mass.

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#### **PNEUMONIA.**

Here on the high plains of southwestern Kansas and eastern Colorado, pneumonia is our *bete noir*. I have of late been giving sodium salicylate, until the head bursts (recommended this summer in the CLINIC), and it is the only thing I have found that changes crisis to lysis.

Typhoid, as we meet it here, is a highly nervous fever, atypic, never twice the same, though very common. When I use the Trinity I find during early convalescence a temperature often as low as 95 degrees and almost impossible to raise

to normal. With this low temperature there is no excessive weakness nor any discomfort; and those low temperatures are a sure precursor of recovery.

I am one of a number to send you \$.50 each as a fund to old brother Link, of Wellington, S. C. Then publish his article and formula. How about it?

My CLINIC holds first place, top of the pile. It is "pure reading matter."

G. R. HICKOK, M. D.

Ulysses, Kans.

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#### **PNEUMONIA.**

There is nothing that beats calcium iodized in catarrhal and croupous pneumonia, with babies and grown people. Also in bronchial troubles connected with typhoid patients and in coughs, in bad colds, etc.

W. L. ISLEY, M. D.

Rock Creek, N. C.

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#### **NOTES.**

Tell us about holdine again, just the same. A good thing bears repeating and there may be others, like myself, who do not have the November CLINIC, 1901.

Sodium phosphate is no prophylactic in case of gall-stone colic, if used for three months. Spirits of turpentine, five-drop doses (in capsule) alternating monthly with sodium phosphate, dram doses, have proved successful. This is the gall-stone country.

Rhus tox has proven very efficient in treating chronic rheumatism in an old lady, 75, even after she had been treated by two other doctors for three years. People here go to Fargo to be treated by osteopathy for rheumatism; rather they

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Biliousness: The best remedy is to empty the stomach and bowels and then fast for 24 hours, then 2 days on hot milk.

Biliousness: Recognize the principle of rest for an ailing organ, and that continual overuse is the true cause.

have been in the habit of doing so; now they get well on rhus tox, as many as try it; thanks to you.

I see by the reports from Norway that leprosy is being rapidly weeded out there, and they do not confine all lepers in hospitals, either. At Molde, Norway, years ago I was a daily visitor at the hospital for lepers, then having an inmate list of some 800. Now, there are less than 500 lepers in the entire kingdom, many of them living at home with their families. Leprosy is not considered contagious in Norway, or at least not at the Reknes Hospital, in the beautiful Romsdal.

Is it possible to sterilize the entire intestinal tract?

If so, what is the best method? I know you have told us before but let us hear it again. I am a new member of your congregation. What is medicine without THE ALKALOIDAL CLINIC? It teaches more practical medicine in its foot-notes than most other journals do altogether.

Let the good work go on. Lighten up the abysmal darkness of impractical medical pedagogy. Strike at the old and fallacious and on with the new.

L. P. S., M. D.

—, N. D.

—:o:—

There are so many new things constantly coming up that we can't afford to repeat, but boldine has proved a good remedy for gall-stones when given in the intervals; and for other hepatic affections, the limits being not yet fixed.

A careful study of the question shows that when lepers are segregated the disease very slowly subsides, and when they are not segregated it slowly increases.

The intestinal canal cannot be completely sterilized, nor can the hands for

that matter, but if the bowels are emptied and enough sulphocarbolate given to deprive the stools of unpleasant odor, sterilization is produced sufficiently for all practical purposes.—Ed.

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#### NOTES.

Ichthyol, applied pure and covered with cotton and oil silk, to the inflamed joints in acute rheumatism. The same 50 per cent, and rubbed in vigorously, in chronic cases, proved valuable in the hands of Post.—*Ther. Gazette*.

Thiosinamin internally given in three-grain doses in capsule thrice daily will help to dissolve scar tissue, especially for corneal trachoma.—Suker, *Merck's Archives*.

Byron Robinson from autopsy of a case of angina pectoris under his observation, found the heart muscle and vessels all normal. Kidneys were in condition of passive congestion, doubtless caused by the morphine which had been used to control pain. Neurotic origin of this disease is his verdict.

The new antiseptic Acetozone (P. D. & Co.) might prove to be valuable as a mouth wash for syphilitics. Routine prescription for vaginal douche: Use thirty grains in one-half gallon warm water, and make solution often as every two days. Keep it cool.

T. B. VAN ALSTYNE, M. D.  
Binghamton, N. Y.

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#### OBSTRUCTION OF BOWELS.

Miss T., 19, bowels had not moved for fourteen days, no fever, pulse normal, but occasionally has spasmodic pain in bowels. The three physicians who preceded

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Bladder, irritable: Atropine and all drugs containing it sedate the irritability of the bladder; give at bedtime.

Bladder, irritable: Belladonna, stramonium, hyoscyamus, duboisia, scopolia, all are replaced by atropine.



me each gave cathartics, with no other result than to fill the abdomen with cramps and cause vomiting.

I gave hyoscyamine, lobelin and strychnine arsenate, of each two granules every two hours. In three days there was normal action.

T. M. TRIPLETT, M. D.

Crete, Neb.



### GASOLINE POISON.

I desire herewith to report a case of gasoline poisoning, which is interesting to me from the fact that I believe such cases to be rare; that it was my first experience with such a case; and that in all of my medical literature, and that of my brother practitioner, Dr. Carl O. Booth, I could find but the following short article, on the toxic effect of concentrated gasoline vapor on the dog, found in Dr. Torald Sollmann's Text-book of Pharmacology, page 445: "The toxic effects obtained from too concentrated gasoline vapor consist primarily in very characteristic convulsions. These are best seen when the gasoline is given in strong form without other anesthetic. The animal struggles violently, then falls on its side and claws the air with all fours, as if running. The pupils are widely dilated. Reflexes absent. The spasms are intermittent, and between them the dog is perfectly limp, except that the toes, tail and eyelids, continue to twitch. The respiration is first stimulated, then weakened. There is a paralysis of the vagus, then a depression of the cardiac muscle, and later of the vasomotor center. Either heart or respiration may stop first."

My own daughter, Hildred Esther, aged 4 years, mistaking a tumbler containing gasoline for water, took a swal-

low (as near as we could judge about half an ounce). Her mother seeing her replace the tumbler on the table, and knowing its contents, immediately despatched a messenger for me. In the meantime she caused the child to vomit by introducing the finger into the throat.

I arrived a few minutes after, and found her in a state of complete asphyxiation. Body perfectly limp; face pale, livid, and cyanotic; jaws set, pupils contracted to size of pin head, no reaction to light, respiration suspended, pulseless, and feeble irregular heart-action.

Treatment: Got her into the fresh air. Produced artificial respiration; much after the method used for the resuscitation of the asphyxiated newborn child, and was rewarded in a very few minutes by the return of respirations and disappearance of all symptoms. Upon regaining consciousness, she suffered no ill effect, and with the exception of an irritative cough which lasted about an hour, she was at her play as usual. A dose of oil constituted the only after-treatment.

We learn from this case that prompt action is necessary to save life; that gasoline produces its toxic effects very suddenly; and that the symptoms produced by gasoline in the human subject are the reverse of those produced in the brute; taking Dr. Sollmann's symptoms produced in the dog, as a comparison. I wish to say also that the prompt action of my good wife (and she by the way would make an excellent physician), in producing emesis and thus relieving the child's stomach of the greater bulk of the gasoline, before unconsciousness, is all that saved to us our daughter.

I will be pleased to receive the Editor's as well as the CLINIC family's, comments on this case; and above all will appreciate



Bladder, irritable: It seems likely that hyoscyne is more directly sedative than atropine, but it has not been tried.

Bladder, irritable: Try hyoscyne hydrobromate, *gr.* 1-100 at bedtime, and see if it does not excel atropine.

more enlightenment on the subject of gasoline poisoning. It is the common every-day accidents and diseases that we country doctors need help in, and THE ALKALOIDAL CLINIC and its companion, *The Surgical Clinic*, stand as monuments of enduring granite above their contemporaries, in the promulgation of just such knowledge. Wishing you and the CLINICS success. I close this, my first attempt at reporting a case.

L. W. REID, M. D.

De Land, Ill.

—:o:—

I thank you for the very interesting paper. There is no question but that your wife saved the child's life.—Ed.

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#### DOES THE BITE OF THE MOSQUITO CAUSE MALARIAL FEVER?

As a means of information I often ask my patients who live near the river and other swamps, if there are many cases of fever in their section this year; and the answer has been in every case, not so much as common; and the reason they generally give for the fact is, plenty of mosquitoes.

One old fellow who could not read, and whose family did not take a newspaper, made the following statement in conversation the other day: "Well, Doc, it's been a little rainy and wettish this year and hot, so we have had so many skeeters that they have jest sucked all the pisen outen our systems in them parts, and kept us healthy and generally ready to eat three times a day. You shore can tell when thar's going to be lots of shakes, fevers and bilious spells, by the scarcity of the skeeters."

Bladder, irritable: Women who dribble on coughin' without cystitis, are benefited by cantharidin, gr. 1-5000 hourly.

The above seems to be true, and I have often heard it remarked, the more mosquitoes the less fever; and our worst cases of chills and fever come in the late fall when there are no mosquitoes.

J. H. POWELL, M. D.

Fitzgerald, Ga.

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#### MALARIA.

In January CLINIC, page 52, I find, "a few notes on Malaria." I would like to shake hands with the brother that wrote those "Notes."

During an experience beginning in 1872, and spent in active practice in the malarial sections of Tennessee, Illinois and Mississippi, I have ever had to depend on—I am tempted to say—my luck, in treating the different forms of malaria coming under my observation. Perhaps this was from my inability to comprehend the "authorities" on malaria. I don't know, but this I do know, I have never read after an author on the subject that seemed to *know* what he was writing about.

Malaria can well be called hydra-headed, in other words it can and does appear in so very many forms it is impossible to name them. I cordially endorse Dr. Bennett when he says: "Mr. Osler was talking through his hat when he said any fever that will not yield to quinine is not malaria." I know it is rank treason to differ from established authorities, and Dr. B. and myself may be tried for such offense, but, "if this be treason make the most of it."

Bartholow's Practice, page 915, reads: "The old practice of 'ten and ten,' ten grains of calomel and ten grains of jalap, is no longer pursued." This is true so far as I know, but if I had to discard

Bladder, irritable: In giving cantharidin to leaky women, give hourly small doses till irritation begins.

either calomel or quinine in my treatment of malaria I would unhesitatingly hold on to the calomel, I have never been able to treat a severe case of malarial poisoning successfully without calomel, but I have found very many that quinine had no effect on.

Bartholow in his article on the treatment of malaria recommends daily doses of five or ten grains of quinine as a preventive of intermittent or malarial fever. My experience teaches me this is bad advice. I lived for twelve years in what is known as the "swamps" of Mississippi, where malaria held high carnival. In that section the daily use of quinine has been in many instances very injurious. During my residence there I met several persons in whom twenty grains of quinine would produce malarial hematuria, as certainly as any cause will produce certain effects. Many physicians who have had experience in that section do not hesitate to say quinine will have this effect in many instances; still quinine is almost indispensable in the treatment of malaria, but the man that depends on it alone will get into serious trouble.

I have often met cases where quinine either had no effect or seemed to aggravate the trouble. In such cases I have had excellent results by giving a "course" of calomel, then the following:

Solution chloride arsenic...drams 3  
Solution chloride iron.....drams 6  
Aseptic pepsin.....grains 40  
Water, q. s.....ounces 4

Dose, teaspoonful in water, morning, noon and night, after meals.

I have frequently broken up a chronic malarial trouble with the above treatment after a signal failure with quinine.

In his "Notes," the doctor says: "Don't be afraid to use quinine hypodermically;

it is not dangerous if done properly." I have never had an abscess or any serious trouble from the hypodermic use of quinine. Here is where I again differ with the "authorities," I think they all advise that the needle should be inserted deep into the muscular tissue. I practise the superficial insertion and have as yet had no bad effects.

While living in Mississippi my wife was suddenly attacked with congestion of the whole system, I gave her at once ten grains of calomel, in one hour repeated the dose; her pulse was threadlike and hardly perceptible, skin cold and blue, what is termed "goose-flesh." I gave her fifteen grains of bisulph. quinine hypodermically, in half-hour repeated the dose, adding one-fortieth grain of strychnine to the last injection; she rallied and recovered with little after-treatment and no bad effects from the quinine.

Mr. Editor, I have given you a little of my experience; could mention many cases of interest but do not wish to tax your patience, or use too much of your space.

H. C. BUCK, M. D.

Randolph Bldg., Memphis, Tenn.

—:o:—

It is the one wish of my heart that you who have seen so much of it would speak up for your practice, and not let it be made out as worthless by men who never met the enemy you have to contend against. You keep quiet; they write textbooks; and so the right is crowded out and error established.—Ed.

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# MISSING.

I have just finished reading your editorial in the January CLINIC, in reference to the "Homeopathic Idea" in Missouri,

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Bladder, irritable: Eucalyptol is useful for ammoniacal urine, offensive, phosphatic; enlarged prostate or slight catarrh.

Bladder: Benzoic acid and the benzoates are useful for ammoniacal urine, offensive, phosphatic; small doses often.

of the great danger from microbes and disease that may come from the "kissing" habit.

You are right as far as you go, but you do not go far enough. It has left a question still unsettled in my mind, and it is this, viz.: Suppose for the sake of argument that one of those "dignified, sedate, pastoral looking homeopaths of Missouri," should at some unexpected time and place meet some buxom young maid with smiling eyes and such a "pucker" on her lips, that would at once suggest to the mind of the Missouri homeo that a ripe, sweet kiss was hovering there and could be had for the taking, would this man of small pills, this microbe-fearing man, turn and flee with a look of fear and horror upon his face? Or would he proceed to take the proffered kiss as one might take a dose of some horrible medicine, and lecture the young woman on the evils of kissing, while he rinsed his mouth well with Listerine to kill all microbes and to remove the bad taste?

A. P. BETTS, M. D.

Woodburn, Ind.

—:o:—

We trust that in such an emergency our homeopath would be equal to the occasion.—Ed.

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#### IODIZED CALCIUM, LITTLE MATTIE AND OTHER THINGS.

Dear Dr. Abbott:

I received your letter asking how I was getting on with the alkaloids. Put your ear to the ground and listen: I couldn't get on without them. I get my supplies from the New York Branch. Don't know how I ever got along before without them

—have lost no typhoid fever case since I began their use, no pneumonia. I have a delirious case of pneumonia now but I believe she is going to live. Don't waste time trying to urge alkaloids on to me—try somebody who has never used them—those who have don't need to be reminded.

How is our mine, The Little Mattie, coming on? I like to hear about the mine—it is a relief from business. I want to take more stock soon.

Is not the action of Iodized Lime all due to the iodine that is absorbed? It is great stuff.

I owe for another year to *The Surgical Clinic*. I am slow pay but don't get far behind and buy nothing that I cannot pay for. Again I say I cannot get along without your goods.

DR. E. P. F.

—, Massachusetts.

—:o:—

Glad to know that I am wrong and that you don't need urging; also that you are availing yourself of the advantages of the New York Office. It was put there for the very purpose for which you find it convenient and we put the best man in charge that we know of and we propose to keep him there.

I believe The Little Mattie is all right. The following abstract from my letter of this week (February 5th) from our Manager at the mines will give you an idea of existing conditions:

"In the No. 2 level of the Mattie, six leasers are working on ore and are paying 50 per cent royalty. No. 3 leaser has four men working in the No. 3 stope. They are working on ore that runs \$150.00 a ton. Two leasers are driving the breast of 3, which ground they get at 50 per cent royalty. In No. 4, there are 12 leasers at work in the stope. One

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Bladder: For ammoniacal, offensive urine, or phosphatic, give acid benzoic gr. 1-6 every half to two hours.

Bladder: For ammoniacal, phosphatic, offensive urine, give eucalyptol gtt. v every four hours or more if needed.

"leaser has 100 feet of ground with ore  
"from 2 to 4 feet wide with a full hun-  
"dred feet first class running \$385.00 a  
"\$ton, second-class \$100.00 a ton, third  
"\$class from \$25.00 to \$30.00 a ton and  
"\$the leaser joining him has a good streak  
"\$of ore all through the full length of his  
"\$hundred feet running from \$25.00 to  
"\$200.00 a ton. There are three other  
"\$leasers driving this fourth level east  
"\$with good ore in the breast to open up  
"\$new ground. No. 5 is being driven by  
"\$the company for the ore chute in No. 4.  
"\$No. 4 West in Mattie is being driven  
"\$on a good streak of ore in the West  
"\$stope, the ore running from \$50.00 to  
"\$150.00 a ton. No. 5 in the Newton is  
"\$being driven west under a known ore  
"\$chute which was cut in the Mattie adit.

"We expect to cut this ore chute in the "next ten days. No. 1 of the Newton is "being driven by two leasers on a good "body of ore valued at about \$150.00 a "ton. Six leasers in the stope of Newton "No. 1 East are working on good ore. "We could lease ten miles of ground if "we had it opened up; dozens of leasers "are applying every day for ground to "work and are willing to pay 35 to 50 "per cent and up. 800 feet of the stope "of the adit level is being worked by leas- "ers, all having good showings of ore and "making good money out of their leases. "One leaser alone is shipping from the "fourth level in the Mattie over 200 tons "of smelting ore a month and will double "it next month after the air shaft is com- "pleted."

If you and your friends haven't got all the stock you can carry, get it within the next 60 days. The quicker the better. Write me and I will fix it for you. Stock is selling at 50 cents.

To your statement that Iodized Lime is "great stuff," I say it surely is. Don't ask me why iodine in this combination does work that it will not do free or in any other combination. I haven't time to tell you and am not sure that I just exactly know, but it does it.

I want you to write and tell me all about those cases of pneumonia, typhoid fever, etc. You owe it to the CLINIC to do so. I know it will be a good help and encouragement to us all. Please give it to us and do it right now.—ED. A.

LATER.

This one chute in No. 4 has since widened to seven feet of solid smelter and is still growing. It is the wonder of the camp—biggest thing yet.—ED. A.

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## WHOOPING COUGH CAN BE ABORTED.

I imagine the heading that I have given this little article will sound like heresy to many of your readers, but it is a fact nevertheless. I got my first cue from the CLINIC, therefore I naturally want to give it due credit. The gist of the whole thing is in the following which I take the liberty of quoting from your own work as published in Dr. Abbott's "Brief Therapeutics," which I have found of great value:

"Whooping Cough—A disease which the physician is seldom called upon to treat when simple and uncomplicated, on account of the old idea that it is bound to run a certain course which medicine will not shorten. But these antiquated ideas have been exploded by modern, alkaloidal therapy, and it has been proven to be one of the easiest of all the catarrhal affections to be aborted or jugulated.

"To accomplish this, give sulphide of calcium, one granule every hour until saturation, or till eight or ten granules a day are taken; and at the same time keep the system of the patient under the action of sulphate of atropine, by giving gr. 1-3000 to gr. 1-1500 every three or four hours according to age of patient.

Bladder: Gelseminine is best for hysteric irritation and for acute catarrh; gr. 1-250 every one or two hours.

Bladder: Constant irritation, running every few minutes, is relieved by gelseminine gr. 1-250 every urination.



"To maintain the vital powers, give brucine, gr. 1-134, and quinine arsenate, gr. 1-67, one granule of each four times a day. To control the cough give one granule each of iodoform and cicutine, dissolved on the tongue, every twenty or thirty minutes for three or four doses, or one granule each of codeine and hyoscyamine at bedtime. If fever occurs during the catarrhal stage, combat it with aconitine, digitalin and veratrine, a granule of each every hour till subsidence.

"If the foregoing treatment is carried out faithfully during the catarrhal stage the disease is invariably jugulated and never reaches the paroxysmal stage."

I have followed this plan of treatment now for two or three years and I make no bones of saying that properly applied it will always relieve and in most instances abort whooping cough. Here is a typical experience: One child having whooping cough very badly. Prescribed, following the suggestions given above, and succeeded in relieving the sufferer very much. A baby in the family, who, of course, had been exposed, gave much anxiety for, as we all know, whooping cough goes hard with the little ones. Put the baby on the granules of calcium sulphide and within a week the cough, which was already well started, subsided and the mother remarked: "Doctor, I don't believe that baby had whooping cough." And there you have it. Whooping cough can be aborted. Don't forget that; but you must go at it the right way and use the right means, and *everything so labeled is not calcium sulphide*. I know of only one reliable brand and I am never without it. It is good for a multitude of evils, from acne and boils to whooping cough. It is our

best systemic antiseptic, therefore indicated all along the line of disease conditions.

GEO. H. CANDLER, M. D.

Chicago, Ill.

—:o:—

My hired girl spoke to me a few weeks ago, saying that her sister's children were coming down with whooping-cough, and could I do anything for them—the doctor there couldn't! I replied certainly and gave her a bottle of calcium sulphide granules to mail to the mother, with directions for saturation. Only yesterday she came to me and said, "Doctor, those pills were all right, they helped the children right away."

It passes all my comprehension how the general rank and file (not alkalometrists) stick to the old ide. At times it seems to me to be pure skepticism—a sort of a don't believe it and won't try, their only possible logic being, Well, grandmother said so, and if grandmother said so it's so if it isn't so. Pertussis can be aborted, can always be modified, can be successfully handled, *cito tuto et jucunde!* You know it and so do I, but it takes Alkalometry to do it.—Ed.

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#### LOCATION OPEN.

Should you wish to help out a subscriber with a good location, paying \$1,700 or more per annum, I want a successor. I have disposed of my property and have nothing to sell. A good man is wanted. The people here have stuck to me and paid me handsomely, and are very solicitous about a good successor. He should be a married man with a family.

W. J. WHITEFORT, M. D.

Begota, Ill.

—:o:—

Begota is in Jasper Co., Ill., near the Peoria, Decatur and Evansville R. R., Boas being the nearest station. Jasper is a fertile prairie county, corn being the leading crop, with a good showing of wheat and oats. It is one of the places where a man will have hard work to keep poor. Population of Bogota in 1890, 150.

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Bladder: Catheter catarrh whenever the urine is bacterial, is relieved by salol, gr. xx in each 24 hours.

Bladder: For catarrhs of this viscus cubebin has been recommended, in doses enough to give relief.

# AMONG The BOOKS

*Progressive Medicine*, Vol. IV, December, 1902. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D. Octavo, handsomely bound in cloth, 412 pages, 54 illustrations. Per volume, \$2.50, by express prepaid. Per annum, in four cloth-bound volumes, \$10. Lea Brothers & Co., Publishers, Philadelphia and New York.

We can do nothing better for our readers than give them the table of contents of this volume and short comments on them.

1. Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum, by Max Einhorn.

In this article the reader will find much new and directly available information about pancreatic affections. The recent studies of this organ throw much useful light on the diagnosis and treatment of obscure constitutional and abdominal diseases.

2. Anesthetics, fractures, dislocations, amputations, surgery of the extremities and orthopedics, by J. C. Bloodgood.

There is not much of orthopedics in this article and we long to hear more on that branch for it is advancing wonderfully in our time. The other topics con-

tain the latest and most useful information.

3. Genitourinary Diseases, by W. T. Belfield. This article taken together with

4. Diseases of the Kidneys, by J. R. Bradford, contains an immense amount of important recently acquired and practically useful knowledge.

5. Physiology, by A. P. Brubaker. An absorbingly interesting article, especially the first part of it which tells the scientific reader all the little there is about the great secular sensational trumpeting of Loeb's discoveries of the essence of life and its prolongation *ad infinitum*. Loeb was then of the University of Chicago faculty and when we read the sensational statements made perhaps unwarrantably in his name, we are reminded of the "Homunculum" they used to make in the middle ages and the "Zolems" the Rabbis used to make for their body servants. We took a long breath after reading Brubaker's article, seeing that there were yet so many "assumptions" and "thinkings" and "perhapes" and "maybes" about those university wonders.

6. Hygiene by C. Harrington is full of important, practical, recent information needed for every day's use.

7. Practical Therapeutic Referendum, by E. Q. Thornton is an indispensable

article for those who desire to dispense the best ascertained remedies.

The value of the entire volume is enhanced by the index which is quite full.



*Text-book of Nursing.* By Clara Weeks-Shaw. Third edition thoroughly revised and enlarged. D. Appleton & Co., New York, December, 1902. 397 pages, useful illustrations, vocabulary and index. Price \$1.75.

This text-book is not "another one," but one that will fill just the place where just such a book is needed. The instructions are wisely and sympathetically given. It is up to date, so that it gives the names and doses of alkaloids, the use of cupping and leeching. Not all the information given is intended for the nurse's practice, but by her knowing them she will be the better prepared to carry out the physician's directions. We heartily commend the book both to professional and amateur nurses; of the latter there should be one in every family and neighborhood and more than one in every church.



*A Pocket Text-book of Anatomy.* By Wm. H. Rockwell, Jr., M. D., Columbia University, New York. In one 12mo volume of 600 pages, with 70 illustrations. Lea's Series of Pocket Text-books. Edited by Bern B. Gallaudet, M. D. Cloth, \$2.25, net; Limp Leather, \$2.75, net. Lea Brothers & Co., Philadelphia and New York.

This volume occupies well a place between the large works and the so-called "epitomes" and "essentials." When the student has seen and handled the parts in the lecture room and especially in the dis-

secting room, this book ought to be an excellent aid in refreshing the memory when an anatomical part, point or relation comes up for consideration



*Omission.* By some unaccountable mistake the publisher's name W. B. Saunders & Co., Philadelphia, was omitted in our review of "The American Text-book of Obstetrics" in THE ALKALOIDAL CLINIC last month.



*General Surgery*, edited by Prof. Murphy, being volume II of the Practical Medicine Series. November, 1902, Chicago. The Year Book Publishers. Price \$2, or \$7.50 for the early series.

In the 527 pages of this book there is a compressed but clear statement of the vast progress made in surgery during the year. The book is very valuable to the special surgeon, but even more so to the general practitioner who wants to keep up with the progress of the science and art to which he has devoted his life. We are glad to witness the success of the year book series enterprise.



*The Mineral Baths* (sulpho-iodo-bromo-saline) of Mt. Clemens, Michigan. By Dr. Richard Leuschner, of the above place. The booklet contains the doctor's experience with the virtues of those baths, which are indicated in many chronic diseases except in angio-cardiac and pulmonary.



Saunders Medical Hand-Atlases. *Atlas and Epitome of Human Histology and Microscopic Anatomy.* By Privat-docent Dr. J. Sobotta, of Wurzburg.



Bladder: Irritable: Arbutin has properly replaced all the vegetables containing it as a vesical soother.

Bladder: Spasm and strangury are relieved by gelseminine gr. 1-250 every time the bladder must be emptied.

Edited, with additions, by G. Carl Huber, M. D., of the University of Michigan, Ann Arbor. With 214 colored figures on 80 plates, 68 text-illustrations, and 248 pages of text. Philadelphia and London: W. B. Saunders & Co., 1903. Cloth, \$4.50 net.

In very many respects this is an admirably conceived and excellently executed book for both students and physician. In the present accumulation of constantly new discovered facts, or supposed facts in histology and microscopy either of which, however, gain currency at once in our fresh medical journals, it is difficult to keep up with the sciences and arts too of our profession without such an aid as this volume before me. The original German author and artists, as well as the American translator and editor, have succeeded in giving a very needed reference book. And the American publishers too deserve our thanks for their fine work and at such a reasonable price.



From the same publishers and of the same series of Atlases we received: *Atlas and Epitome of Diseases of the Mouth, Pharynx, and Nose*. By Dr. L. Grunwald, of Munich. *From the Second Revised and Enlarged German Edition*. Edited, with additions, by James E. Newcomb, M. D., Instructor in Cornell University Medical School. With 102 illustrations on 42 colored lithographic plates, 41 text-cuts, and 219 pages of text. Philadelphia and London: W. B. Saunders & Co., 1903. Cloth, \$3 net.

This is another well conceived and admirably executed atlas for student and practitioner, not the specialist, who if he is

such must refer to larger works; but for the general practitioner who must have monographs to refer to on special occasions of need, this book of text and pictures is just for the purpose. The reader will have, however, to remember that the author did not arrange the contents of the book topographically but pathologically. And didactically thinking we submit that the author was right in doing as he did, for it is impossible to describe and picture in a handy volume all the possible phases which a tissue under the influence of a special pathologic condition may assume. Wisdom directs, therefore, to the principles of various pathologies which may be illustrated in a reasonable number of good pictures. This the author wisely did in this book. He teaches and the reader has to learn *ab ovo* or *de novo*, or if he has learned then to refresh his memory. And again I cannot refrain from saying that the English reading medical public owe a great debt of gratitude to the Saunders Publishing House for this series of atlases.



Vol. III of the Practical Medicine Series of Year Books. *The Ear, Eye, Nose and Throat*. Edited by Drs. C. A. Wood, A. H. Andrews, and T. M. Hardie, December, 1902, Chicago. The Year Book Publishers. Price \$1.50, or whole series for the year \$7.50.

An admirable account of the latest and best on the subjects treated of. Any one following weekly, monthly and quarterly medical literatures, both foreign and domestic, will testify to the truth of our testimony.



*Surgical Anatomy and Operative Surgery*. By John J. McGrath, M. D. Prof.



Bladder, irritable: Cannabis Indica relieves the spasm and stranguary. Give gr. 1-4 of a good extract every hour.

Bladder: Delphinine would be a valuable remedy for stranguary and all spasmodic conditions of this organ.

(of that chair) in the New York Post-Graduate Medical School. 227 illustrations including colors and half-tones. Philadelphia, F. A. Davis Co. Price \$4.

This post-graduate school has sent out some very fine surgeons and to such a man and such teachings as this book sets forth the school owes its great reputation for good.



*Prophylaxis*, Personal Hygiene, Civic Hygiene, Care of the Sick, by Profs. J. McFarland and H. Leffmann, and Drs. A. Abrams and W. W. Babcock. Illustrated, being Vol. V. of the S. S. Cohen's System of Physiologic Therapeutics. P. Blakiston's Son & Co., publishers, Philadelphia.

Volumes of the series are not sold separately and the price of the whole set of eleven volumes was advanced from \$22 to \$27.50.

The volumes out to date are: Electrotherapy, 2 vols., by A. Jacoby. Climatology and Health Resorts, 2 vols., by Weber and Hinsdale. The present volume, Alimentary Therapeutics and Dietetics, by N. S. Davis, Jr., and Hydrotherapy, Thermotherapy, Phototherapy, Mineral Waters and the Baths, by Winternitz and Kisch.

The four volumes yet to come are on Mechanotherapy and Physical Education; Rest, Mental Therapeutics and Suggestion; Pneumatotherapy and Inhalation Methods; Serumotherapy, Vaccines, Toxins and Antitoxins; Organotherapy, Bloodletting, etc. Principles of Therapeutics, Digest and Index.

We have had the pleasure of reviewing all the volumes up to this one and became persuaded that there is not a similar body of medical literature of anything

like this in every way of thoroughness and usefulness. How much there is being done by the profession the world over in these lines we are able to see from the excellent semi-monthly *Revue Internationale de Therapie Physique* published by Dr. Ch. Colombo at Rome, Italy. Not that the regular profession has got tired of its materia medica and surgery and is turning as it were to strange gods but it is simply acting on the grand humane principle: "*Medicus sum, nil homini medendi alienum a me puto*." There is no monotherapy in true therapeutics but an always searching, delving pantherapy."

The present volume of 516 pages is perhaps the most valuable of the series on the principle that an ounce (rather too much) of prevention is better than a pound (rather too little) of cure. And as prevention of disease implies a knowledge of health and origin of unhealth or disease, therefore two-thirds of this volume are given to the discussion of these two topics and rightly so. It is to be regretted that this volume cannot be sold separately, for it is one which every physician who has any appreciation and knowledge of sanitation should have for consulting very often; but every health board will be neglectful if they do not procure this volume, though they may have to subscribe to the entire series.



*The Physician Himself and Things That Concern His Reputation and Success.* By D. W. Cathell, M. D. The Twentieth Century Edition, being the eleventh edition revised and enlarged by the author and his son, William T. Cathell, A. M., M. D. Pages 411, Royal Octavo. Extra cloth, \$2.50 net, delivered.



Bladder: Populin has been extolled as a remedy for spasm and strangury. When a tonic is also needed this is good.

Nephritis, chronic desquamative: Uremic symptoms call for purgative doses of jalapin, elaterin, croton oil, etc.



Philadelphia, F. A. Davis Company, Publishers, 1914-16 Cherry street.

Were I asked to give another name to this excellent, most readable book for the physician, I would call it "pastoral medicine." When the student for the ministry has studied the Hebrew (Greek he had in college), Exegesis, Theology and Church History, then if his school is of the right kind he will get instruction in "Pastoral Theology," which is the art of applying the knowledges he acquired to the spiritual needs of the subjects of his ministry. It is named "pastoral" not because his subjects are cattle or sheep but because he himself must have the qualities of the firm yet gentle herder, the provider for those under his care. Just so with the medical student and practitioner. In a similar sacred sense is he too "pastor" and perhaps even in a greater sense, for he will have more often to minister to the spirit of the patient than the religious minister will have to minister to the body of the saint or sinner.

The book is excellently written and contains some rare information drawn from evidently a long and an observing practice. It is written for the educated non-sectarian physician not for the mere symptomist who has only learned that "this is good for that, and that is good for this," and who has it all printed and labeled on his medicine bottles. The advice the authors give are a happy mixture of conservatism and progressivism solved in the ever welcome fluid of sound common-sense and genuine humanity.

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*Therapeutics of Dry Hot Air.* By Clarence Edward Skinner, M. D., LL. D., New Haven, Conn.; Pro-

fessor of Thermo-therapy in the New York School of Physical Therapeutics, etc. 200 pages, substantially bound in cloth. Price \$2. A. L. Chat-terton & Co., 156 Fifth avenue, New York.

In this interesting therapeutic mono-graph we see the great benefit when a universally well educated practising physician takes up a specialty in either a part of the living organism or in therapeutics. We get from such a physician the fulfillment of the old saying with an appropriate change: *Medium tenuere docti* (the educated keep the happy mean). The book is of great importance since even S. S. Cohen's system of physiologic therapeutics contains too little of this remedy of superheated air.

Of special interest are the articles on rheumatism, sciatica, arthritis deformans, nephritis, pneumonia and peritonitis.

We regret not to be able to catch the meaning of the following expressions, which we would be glad to have explained to us by the author when these lines meet his eyes. Page 24: What "sinus" is referred to? Also, what "element" is meant?

Page 29: Where is the "spinal sympathetic" situated.

Page 98: What is meant by the "functional structure?" Is it the osmotic structure?

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That excellent monthly, *Medicine*, comes to us this year with pages enlarged, making it one of the handsomest, typographically, of our exchanges. As for the contents—we are sorry for anyone who does not appreciate Moyer's work.

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Nephritis, chronic desquamative: Dropsy is unusual and calls for limitation of drink, and evacuates for a day.

Nephritis, chronic desquamative: Erigeron checks loss of albumin, lowers arterial tension, relieves uremic symptoms.

# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## QUERIES.

QUERY 3600:—"Whooping-cough." A patient has heard of pilocarpine as a remedy for whooping-cough. Is it being used in this malady? Is there anything better? Children aged 3 and 7 years.

S. G. B., Michigan.

To children of the ages mentioned give a granule of pilocarpine, dissolved in a little hot water, every five minutes until sweating occurs. Also aid it by applying hot bottles around the patient while lying in bed. This should be done on going to bed. The remedy has much value. Dr. Coleman has found whooping-cough not only cured, but jugulated or prevented completely, by saturating the child with calcium sulphide and atropine. I sincerely trust that you will report your results whichever of these methods you employ.—ED.

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QUERY 3601:—"Autotoxemia." Boy, 3, anemic, catarrhal condition, constipated, hungry, eruption. He is taking iron, quinine and strychnine arsenates, soda phosphate and Pepto-Mangan. I am thinking of giving him nuclein, if in-

dicated. Advise me as to dose. Would the tablets, two drops, three or four times daily, be right?

R. M. C., Louisiana.

Begin with this boy by regulating his bowels, which would best be done by adding enough fat to his diet. A little saline laxative in cold water on an empty stomach might be necessary to aid it for a while. Then give him nuclein one drop, and iron phosphate gr. 1-6, every hour while awake, but no other medication. Evidently he is not digesting his food. Let him be fed every two hours, alternating the foods so that each four hours gets simply a fruit juice, like pure grape juice, at the other intervals something like Malted Milk, ordinary milk, perhaps with the white of an egg beaten up in it, or zwieback; or oyster soup, clam broth or chicken broth, thickened with thoroughly toasted bread, crushed into a coarse powder. The quantity should not be too great, and sufficient variety should be used. With each feeding he should have three granules of papayotin.

I also recommend Burggraev's pamphlet on dyspepsia, which I myself find well worthy of study.—Ed.

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QUERY 3602:—"Autotoxemia." I have a sick wife. I will not attempt to give you a full description, but will say that if there is such a thing as headache habit, she's the only pebble on the beach. I have never known her to go longer than a month without having a spell, and quite frequently she will have two of them in that length of time. She for the last twelve months has been having them mostly and only at her monthly periods. Four or five days before she menstruates, she will have pruritus of the vulva and vaginal walls. This continues till the flow commences and then ceases. At this same time, the mucous membrane of the nasal passages is irritated—almost a catarrh. This also passes away when the flow begins. If at this time she succeeds—as she sometimes does—to start the flow with a suppository or a uterine tablet, the headache is aborted. The flow is rather of a mucous nature—not normal as to color and consistency, but is about the proper amount and appears regularly every twenty-eight days. The headache part of it is awful. She is, I think, in worse shape than she has ever been—the hopeful part as I see it, being sick only once a month and that at her sick period. The doctors—God bless them—have done everything and all things to get her out of it, but as yet have failed. She's of a nervous make-up and morphine—the only thing that has ever quieted her—makes her so very sick that it seems that she might as well die with the pain as the nausea. The pain in the last few spells has confined itself to the eyes and the base of the skull at the back of the head. Particularly the back of her head. She doesn't eat or sleep for thirty-six to forty-eight hours—no difference what is given her to quiet her. She is 36 years old, mother of two as fine healthy boys as you would wish to see—been married twelve years—

three abortions the first four or five years after marriage. The first abortion was caused by a sudden lurch of the horse she was driving. The others followed it seemed without cause. Looks well—weighs 145, and when she is well, is as well as any one could be. The last diagnosis was that of the uric acid business. If you enlarge the diagnosis of uricemia to that of autotoxemia, I will subscribe to it. Headaches of the type described are invariably due to this cause, and are promptly relieved by the "Antinervine mixture, acetanilid, sodium salicylate and ammonium bromide. These attacks come on suddenly, sometimes—the last one she was at a Christmas entertainment at 9 o'clock—in the choir—and at 1 the next morning was next door to hell, with pain enough and a plenty.

J. O., North Carolina.

I am very glad morphine makes her sick, or she would certainly become a fiend. For the intervals: Do not let her eat too much meat, but keep her bowels regular with anticonstipation granules, given in strict accordance with the directions. As soon as irritation shows that menstruation is coming, put her upon potassium permanganate, gr. 1-4 every hour until the flow appears. You had better put it in capsules, as taken by itself or in solution it may irritate the stomach. In case it does so, substitute senecin, gr. 1-6 every half hour until the flow appears; excepting when sleeping, and this you may provide for by giving seven granules at once on retiring. For the irritation of the vagina and for that of the nose, use fluid Camphoral. Now, suppose in spite of these things the pain still persists in coming; well, here is where Dr. Abbott's "Something New for Pain" comes in. Doctor, if you value that woman as you seem to do, never give her another dose of morphine.—Ed.

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Nephritis, chronic interstitial: Glonoin relieves the arterial tension and headache, averts danger of uremia.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

QUERY 3603:—"Amenorrhea." What remedies are used in suppression of menstruation from colds? Which ones are dangerous to use in cases of suspected pregnancy?

G. R. W., Ohio.

Anemonin, aconitine and cicutine hydrobromate are useful in suppressed menstruation from cold, and not dangerous if pregnancy is present. I would advise a granule of each every hour until full effect is manifested—reduction of the pulse and fever, or reappearance of the flow, or both.—Ed.

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QUERY 3604:—"Asthma." Will you give me some information regarding the use of calcium iodized in asthma?

H. S. A., Pennsylvania.

Give to an adult with asthma one to three grains every ten minutes until relief. Apply mustard over the right pneumogastric nerve in the neck. During the day if the paroxysms recur as badly as ever, saturate the patient with strychnine arsenate.—Ed.

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QUERY 3605:—"Autotoxemia." Male, 30, married, weight, 138, height 5 ft. 10 1-2 inches, student, no sexual trouble but testicles and penis are small and flabby, has emission upon severe mental effort, has intercourse once each week. Urine pale, contains excess of phosphates, sometimes urine is milky especially after nervous strain; bowels regular with tendency to constipation; stools dark, flatulency constant though seldom tympanitic as gas passes off, appetite variable, tongue coated, skin jaundiced, attacks of melancholy, emaciated, palms of hands perspire freely, pruritus ani, itching towards evening over body, has seborrhea sicca with falling hair, sleeps fairly well, temperate in habits, vertigo, cold spells with subnormal temp. in the

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Nephritis, chronic desquamative: The anemia may call for the iron phosphate or tannate, gr. v daily, broken doses,

evenings three times a week, spots before the eyes, easily tired, forgetful and difficult to concentrate his thoughts, no organic disease, ancestry good. This man is not "sick," but not well. What can be done for him?

J. M. S., Indiana.

I disagree with you when you say this man is not sick. I would look on him as a very sick man indeed. It is a typical autotoxemia in the worst form and unless he fully understand this the case is incurable.

In the first place you must reform his habits. You say he is a student. Shut squarely down on that, and get him out of the house. The life of a tramp would suit him; or even, to go still lower, that of a book-agent; but anything which would take him into the open air and give him physical work would suit him. If this were done I hardly think any further prescription would be necessary; but as he will not do it for a while at least, you will have to do this: Forbid entirely the use of pork, veal, alcohol, beans, cheese and coffee. Let him be extremely moderate in the use of all other animal products and eat as largely as possible of any fresh vegetable matter procurable, such as fruit in any shape, celery, etc. Regulate his bowels with a small morning dose of Salithia in a full glass of cold water at least an hour before breakfast. Give him cornin five granules four times a day as a general invigorator, and to promote a healthy condition of the sexual organs. Inject into the rectum about five drops of Euarol about once a day to relieve the pruritus, and if you find hyperesthesia of the urethra make the same application twice a week to the sensitive area. Let this man rub his skin from head to foot thoroughly and vigorously, every day

Agaricin in small doses arrests perspiration, has no effect on the eye; have observed no ill effects.—J. R. McMillan.

just before going to bed, with coarse towels dipped into strong hot brine; and I just think, Doctor, that after this man has taken this treatment for a month he will drop in and leave a check for a hundred dollars with you with instructions to send half of it to me.—Ed.

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QUERY 3606:—"Books." What materia medica gives the most physiologic action of drugs, and that belladonna contracts arterioles and relaxes spasm of voluntary and involuntary muscles?

T. M. T., Nebraska.

No single work gives the information desired. Cushny probably gives more of it than any other, published by Lea Bros., price \$3.75.—Ed.

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QUERY 3607:—"Bowel Disorder." Child, six months old, has never had anything but green actions since birth. You advised remedies and I used them with perfect success. I have another similar case, and wish you would advise the same treatment as I do not remember what it was.

W. G. A., Kentucky.

Juglandin restores healthy gastro-intestinal secretions. Give a granule gr. 1-6 three to ten times a day. Zinc sulphocarbolate disinfects the bowels, a granule gr. 1-6 every two hours, increasing the dose if necessary until the stools are devoid of odor. Silver oxide stops the catarrhal action in the bowels, a granule from three to seven times a day. These doses are for a child in its first year. You will have to regulate the exact dosage by the effect.—Ed.

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QUERY 3608:—"Bronchial Catarrh." Please tell me a remedy for bronchial catarrh.

W. A., Michigan.

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Otorrhea: Clean out well with Hydrozone, 10 per cent strength, used warm, and then instill Euarol.—F. E. Burgevin.

You have given us a very large order, a remedy for bronchial catarrh. Why, my dear Doctor, we have a hundred; and as I don't really know just what form of catarrh you have in mind, I will tell you two remedies. Apomorphine loosens a catarrh, stimulating a flow of mucus, without nausea. You can give it up to a quarter grain. I prefer a single granule gr. 1-67 every ten minutes to half an hour, for an adult. Sanguinarine stimulates the vitality of the tissues, and is most useful when a case lasts long, threatening to become chronic; or in aged persons when the indication is to make them cough harder and to relieve their lungs of secretion.—Ed.

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QUERY 3609:—"Clonic Spasms." Child, three months old, healthy at birth, developed clonic spasms, even hourly, emaciated, stools green and offensive. Gave W-A Intestinal Antiseptics and cod-liver oil with iron. When the nervous symptoms take place the muscles of the face are also affected. Diagnosis, marasmus with resultant tetany; has not gained flesh in the last few weeks, but seems healthier.

O. W. H., Illinois.

You are on the right track, your diagnosis correct, and your treatment fine. Just add to it the use of Sanguiferrin and with patience the baby will pull through.—Ed.

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QUERY 3610:—"Constipation." Girl, 18, constipated, amenorrhea, nervous spells or storms every month, parents are anxious for her to continue at school and also have her periods established. I have her on Saline Laxative, Intestinal Antiseptics, and am going to put her on anti-constipation granules. What further would you suggest?

C. A. W., Tenn.ssee.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.



Give this girl anticonstipation granules, as you suggest yourself, with sanguinarine five granules gr. 1-67 each, and iron arsenate gr. 1-6, before meals and at bedtime. Two days before the expected menstruation add to the above potassium permanganate gr. 1-4 at each dose. You had better give the latter in a capsule, as it is apt to irritate the stomach otherwise.—Ed.

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QUERY 3611:—"Diabetes." Slight, frail girl, 12, bright and advanced beyond her years, urinated frequently at night and very sleepless, urine three quarts passing during night, slightly acid, s. g. 1045; a drop of a 1-10 solution in aqua dest. gives with 20 cc Haines' modification of Fehling's test a very strong reaction for sugar.

Restricted diet as to sugar and starches, and gave codeine gr. 1-4 four times daily, no restriction as to water except to drink as little as possible to satisfy. This treatment has reduced quantity of urine one-third and s. g. to 1038 or 1040, but the reaction does not vary.

Diagnosis: Diabetes mellitus, and the outlook seems very gloomy.

E. W. M., Iowa.

There is nothing to say against your diagnosis or prognosis, nevertheless the new methods of treatment give better hope than the old. I would advise the use of the anti-diabetes granules, also a little laxative every morning, and at each meal a dose of pancreatic extract, as deficiency in this organ is probably the basis of the malady when occurring so very early in life. Inquire if there is any hereditary predisposition, or if there is any Jewish ancestry.—Ed.

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QUERY 3612:—"Diarrhea." Girl, 2, diarrhea for a year; ten to twelve move-

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Capillary Hemorrhage: Capillary oozing may be checked by the application of Hydrozone up to full strength.—F. E. Burgevin.

ments per day of undigested food, mucus and blood. Not much control over movements.

A. J. M., Wisconsin.

I advise for this case W-A Intestinal Antiseptics. Begin with one tablet daily and increase to five, or as necessary, restricting the child absolutely to foods digested in the stomach. Better begin by clearing the alimentary tract with a few doses of neutralizing cordial. If she is very thin and weakly have her rubbed with hot cod-liver oil from head to foot every day.—Ed.

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QUERY 3613:—"Dropsy." The patient weighs 300 lbs., has much headache, legs anasarcaous, constipated.

A. I., Illinois.

The urine showed no albumin but abundance of uric acid, urates and oxalates. The examination does not indicate disease of the kidneys. It is probably due to a weak heart, and the treatment should consist of the dry diet, rigidly enforced, with apocynin two to four granules every two hours, the bowels to be relieved if necessary by enemas of a half pint of saturated salt solution, used cold, to excite exosmosis and peristalsis.—Ed.

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QUERY 3614:—"Dropsy." Ill three years, quite dropsic, weak heart, no valvular lesion, dropsy returns as soon as treatment ceases, breathing quite bad on least exertion, hacky, tickling cough, at times cannot lie down, urine scanty, light s. g.; fills up face, chest and abdomen, then legs; losing flesh, appetite moderate, no fever, pulse 84 to 96, irregular, palpitation, bowels loose, always a fleshy man, diuretics act well; wobbles between medicine and Dowie.

L. R. M., Ohio.

For gonorrhea try "Candle Bougies," A. A. Co. They cure quickly and without sequelæ.

The very large amount of albumin present is significant, confirming your diagnosis completely. Place the patient upon apocynin gr. 1-6 every two hours while awake, increasing the dose to three or four granules each time, until it is evidently acting upon the liver and kidneys. If his blood seems to become thin add to each dose iron tannate gr. 1-6. Now here comes the most important part of the treatment! Keep him rigidly upon a dry diet. If you can do so, put him on the milk diet, giving from four to eight ounces of well-skimmed milk every four hours night and day, taken as described in "Treatment of the Sick." You would then have a chance to cure the man. At any rate you must limit the amount of liquid he takes as closely as possible, that the output may exceed the amount taken in, or it will be impossible to prevent the dropsy reappearing.—Ed.

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QUERY 3615:—"Drugs." What drugs raise the temperature above normal? Please give directions for controlling a uterine hemorrhage with hot water.  
J. A. B., Arkansas.

The drugs which raise temperature above normal are gold, mercury, platinum, picrotoxin and the atropine group, belladonna, stramonium, hyoscyamus, etc.

To control uterine hemorrhage with hot water you should inject the hot water with a fountain syringe into the uterus; and it should be hot, not warm, as hot as the patient can bear and a little hotter. Many years ago I devised a return-flow syringe for this purpose, but finding one had already been patented, did not push it although mine was better.—Ed.

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Urticaria: Treat internally by giving lithium benzoate and salines in plenty, or Salithia.—F. E. Burgevin.

QUERY 3616:—"Enteritis." Please give your treatment for croupous enteritis.

T. L., Wisconsin.

For croupous enteritis try the following: Silver oxide gr. 1-2, copper arsenite gr. 1-100, juglandin gr. 1-2, with two intestinal antiseptic tablets, before each meal and on going to bed. Wash out the colon with solution of silver nitrate, two grains to the pint. This treatment is the most effective I have yet used, but the danger of argyria necessitates its suspension when one dram of silver has been used. Crede's colloid silver, it is claimed, has no such danger and should be perfectly fitted for this condition. Write to Schering & Glatz, New York City, and ask them if it has been so used, and if so get particulars.—Ed.

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QUERY 3617:—"Enuresis." Girl, 14 years old, has wet bed all her life; three to five times a night, otherwise healthy, menstruated first last month, frets about her condition, no burning or scalding, tried all the doctors in reach to no effect.  
J. O., Massachusetts.

Give hyoscyne hydrobromate enough at night to quiet the bladder. During the day let the girl have rhus. Rhus aromatic is said to be better than rhus tox. You could get it from Merrell, in Cincinnati. The urine should be examined also to see if it has any irritating quality; and by all means I would advise the application of a little Euarol to the neck of the bladder twice a week. Inject about ten minims through the urethra.—Ed.

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QUERY 3618:—"Epilepsy." Boy, 8, since three has attacks that come on in his sleep; chokes, limbs stiffen, uncon-

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

scious for two or three minutes, very pale, as consciousness returns a slight foam appears on lips; will sleep for an hour or two and when awakened is as well as ever. First they came only two or three times a year, but now about two a week; very hearty eater, bowels and kidneys in good condition, very lively and active, much headache.

What is your diagnosis and suggestion for treatment?

J. E. H., Ohio.

The boy has epilepsy, which may depend on some cause of reflex irritation, over-eating being a very likely excitant. I would put him upon a saltless diet, and give verbenin a granule three times a day, adding one granule a day whenever he has a convulsion. It would be wise to regulate his eating. The supper should consist exclusively of fluids. A granule of lobelin in water an hour before meals might check his appetite.—Ed.

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QUERY 3619:—"Epilepsy." Man, 29, temperate, good habits, married one month, seemed in perfect health until he had a very peculiar spell in his sleep one night; which has been repeated first at long intervals and then more frequently. Please give diagnosis.

L. D., Indiana.

The patient's affection is epilepsy. The spells may result from any one of an indefinite number of irritating causes, and to find which one is at fault would require a very careful examination of his entire body from head to foot. The treatment I would advise is this: Exclude all salt from his diet. Give his verbenin two granules four times a day, and every time he has a spell add two granules a day. Let him take one or two Antiepilepsy granules every night when he goes to sleep. It is highly probable that he has

worms, and a few doses of spirits of turpentine, say a teaspoonful given in an ounce of castor oil, would be very good indeed to commence the treatment.—Ed.

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QUERY 3620:—"Epizooty." Our people are suffering with epizooty. I imagine calcium sulphide is needed.

P. S., Illinois.

You will find it impossible for a patient to take influenza when saturated with calcium sulphide. As a precaution to those who are exposed to it I would strongly urge the use of Euarol with the oil atomizer. If you use this yourself before going out and after coming in from visiting such cases, you will not get it.—Ed.

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QUERY 3621:—"Erysipelas." A mother, 42, well built but skin cloudy, a year ago the skin about the eyes became swollen, with terrible itching, and burning, then left unsolicited but has recurred several times. At intervals of four or five days the eyes swell shut, cheeks and angles of nose and upper lip swell as tightly as the skin will permit, blood serum escaping; while at its height it resembles erysipelas, burns and pains. The swelling rises in a few hours and is over in a week. Autotoxemia, renal insufficiency, sluggish bowels. She takes four times a day boldine, colchicine, digitalin, strychnine, two granules each; a morning saline laxative; a scruple of sulphocarbolates daily.

J. W., Wisconsin.

Double your dose of sulphocarbolate, and whenever the attack occurs give pilocarpine enough to cause slight sweating. Try and increase the renal elimination. I don't see how you can improve, however, on your present treatment in the intervals, unless by adding nitromuriatic acid before meals.—Ed.

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Quinsy: Cleanse well with Hydrozone, then paint lightly and swiftly with pure tincture iodine.—F. E. Burgevin.

Agaricin in small doses will quench thirst for water, without drying mouth unduly. Try it yourself.—J. R. McMillan.

**QUERY 3622:—"Gastric Catarrh."** Lady, 26, weight 110, looks healthy, stomach bloats at times, pain in stomach which lasts about two hours, then subsides entirely, never vomits but has sour stomach, frontal headache, good appetite, poor digestion, constipated, kidneys normal, liver sluggish, menses regular. Have used all tonics and pepsin with little effect and am now using the stomach pump which gives great relief for about two days.

J. S. C., Ohio.

Regulate this lady's bowels with an evening dose of podophyllin one or two granules, and a small dose of Salithia in a full glass of cold water on rising. Her diet had better consist for a few days exclusively of lean beef and hot water. Give her a Compound Manganese tablet every hour while awake. After three days of this treatment let her gradually return to the ordinary diet, adding only one kind of food each day, and stopping anything which disagrees. After one week I would change to copper arsenite gr. 1-100, juglandin gr. 1-6 to 1-2, before each meal. You must teach her to eat properly, thoroughly chewing the food and eating the proper proportions of each food in proper quantities, and I think you will make a new woman of her.

Condurangin very likely would relieve the pain in this condition, but that is not striking at the cause and she is too young for cancer. If there is a tendency to bloating after the pain has subsided she should have a grain of berberine a day. The dose of juglandin should be regulated by its effect on the bowels.—ED.

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**QUERY 3623:—"Goiter."** Please give me the best treatment for the different kinds of goiter.

W. T. A., Kentucky.

Alcoholism: Free elimination, then strychnine arsenate gr. 1-67 every two hours; Waugh's Anodyne p. r. n.—F. E. Burgevin.

For ordinary goiter I prefer iodine driven in by a galvanic current, and suprarenal extract. For exophthalmic goiter I have succeeded best with veratrine. Hydrastin has recently been warmly recommended for ordinary goiter and ought to do great good.—ED.

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**QUERY 3624:—"Goiter."** Two mothers who had goiters bore stillborn infants with goiters. Is there a hereditary influence, or is it merely a coincidence?  
G. B. O., Montana.

The tendency to goiter is hereditary. Was there any evidence of cretinism in these families?—ED.

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**QUERIES 3625-6:—"Hemoptysis."** If I as a patron of the A. A. Co. have contributed a little to their prosperity, they have made a better doctor of me by their valuable teachings. You taught me the great value of aconitine, apomorphine, emetin; the Dosimetric Triad is one of the best combinations known to me; and in many cases during the past year did I owe my success to your CLINIC and the A. A. Co.'s preparations. Whenever a country doctor contemplates a post-graduate course in Chicago, he is far better off if he stays at home, buys Shaller's Guide, reads the CLINIC, and invests \$5.00 in Saline Laxative and \$10.00 in granules. He is money ahead and a far wiser man if he sticks to the active principles.

I see you recommend Sanguiferin and Nuclein in phthisis. I had a case of hemoptoe two weeks ago; looked up the CLINIC and found that subject was mentioned only once in 1902. How would you advise to treat a patient like this: Man, 27, rales over both apices, two sisters dead of consumption, parents living. Should he move to Colorado? He feels good, sputum clear, once daily tinged with blood, well-built man.

"Albuminuria." A friend, 45, has

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For further suggestions on these queries see the "Ad Index" in the advertising pages following.

looked bad for six months, cranky, stomach bad, face yellowish, drank lots of whisky, legs swollen, then face; rash all over body with intense itching. Put him to bed with Saline Laxative and Intestinal Antiseptics, for three days, then added a mild diuretic, green soap bath at nights. He is all right now. But what worries me is the albuminuria. Is this a case for arbutin gr. 1-6 seven times a day? Describe the rigid milk diet you recommend. Would you allow coffee, tea or meat? What will relieve the itching?

A. P., South Dakota.

I am going to take the liberty of answering your query in the only possible way, and send you our book on Respiratory Diseases. The advice is too long for a letter and too vital to abbreviate.

In your second case, give the man arbutin as you say, and feed him exclusively on skimmed milk, taken hot, every four hours, from a half glass upwards, the milk to be eaten, not drank, so that fifteen minutes would be consumed in eating the four ounces. No other food whatever. The itching is quickly relieved by pilocarpine enough to cause slight sweating. It will take about six months to cure the nephritis.—Ed.

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QUERY 3627:—"Idrosis." A lady has been troubled with profuse sweating for seven years. She is 67, otherwise healthy except occasional eczema of the face and hands. These attacks of sweating came on after the eczema. She has been the rounds among the profession, and I have given her all kinds of tonic treatment, with atropine, ergot, baths, etc. Urine almost normal, no sugar or albumin. Would like to hear from the CLINIC family on the case.

W. B. P., Utah.

This case is almost certainly due to a failure in elimination by the bowels or

kidneys. I would not dare to stop that sweating until a laboratory examination of the urine had been made, and this would indicate the best line of treatment. Alnuin five granules four times a day, would be my suggestion, but this may be negatized by the examination.—Ed.

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QUERY 3628:—"Impaction." Woman, 25, severe pains in pit of stomach about a year ago, several attacks since, one of which was severe; no vomiting, no fever; has been operated upon for appendicitis; pain disappears on liquid diet. Is it neuralgia, or ulceration, or indigestion? What would you prescribe?

M. C. R., British Columbia.

This attack may be a colic from constipation or impaction; or a gall-stone colic, in which case she will have some jaundice following. In that case she should have sodium succinate. If the diagnosis is not clear give her chelidoniin in moderate doses, continued for at least six months. The bowels must be kept regular.—Ed.

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QUERY 3629:—"Liver Trouble." How do you use quinine arsenate in malarial fever, how much, how often and how long to continue? I have been using quinine sulphate and would like to try the arsenate instead if it will do the work.

I. T. R., Louisiana.

First unload the liver, then give quinine arsenate gr. 1-6 before meals and on going to bed for a week, then gradually taper down. Another way is to give the small granule gr. 1-67 every one or two hours during the day, the object being to keep a little constantly present in the blood, and thus prevent the action of the plasmodia from being developed. It is

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Bites and Stings of Insects: Apply Hydrozone in full strength to the bites and surrounding skin.—F. E. Burgevin.

Agaricin along alkalometric lines seems to have little action on anything but the sudoriparous glands.—J. R. McMillan.



wise to continue at least a month; in fact, continuous exposure to the cause would suggest the wisdom of continuing as long as that cause is active.—Ed.

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QUERY 3630:—"Locomotor Ataxia." What is your general plan of treatment for this disease?

J. F. S., Nebraska.

Keep the bowels clear and aseptic. Give zinc phosphide gr. 1-6 four times a day for one week out of every month, to improve the nutrition of the nervous centers. For the remaining three weeks of each month give strychnine arsenate up to the physiologic limit, with 15 minims of nuclein solution daily. Train the affected muscles persistently. I have had one cure from strychnine and another from silver oxide. If the disease be due to syphilis add to the above the iodides of arsenic and mercury in full dosage. The exercise and care of the bowels are the most important suggestions herein given.—Ed.

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QUERY 3631:—"Medical Journals." Please give me the title and address of a good weekly medical journal published in Chicago, the one you think the best for the general practitioner.

W. H. B., Michigan.

The *Journal of the American Medical Association* under its present management is an excellent one. So is *American Medicine*, published in Philadelphia; and one or other of these ought to suit you. However, send for sample copies of the other weekly medical journals, and see which you like best. The *Boston Medical and Surgical Journal*, the *Medical News* of New York, the *Philadelphia*

*Medical Journal*, and the the Cincinnati *Lancet-Clinic*. We find much of value in each.—Ed.

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QUERY 3632:—"Morphinism." Would you tell me if you have used hyoscine in the treatment of the morphine habit and with what degree of success?

W. A., Michigan.

I send you a copy of THE ALKALOIDAL CLINIC for December, 1902, in which you will find an editorial on hyoscine. I regard it as a dangerous drug, and the whole method of violent stoppage involved as unscientific, and only applicable to the mildest cases.—Ed.

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QUERY 3633:—"Muscular Atrophy." Man, 65, healthy, to all appearances all organs are normal, twenty-five years ago while working in a mine noticed his arms began to weaken and did not yield to treatment, the muscles began to atrophy which continued for fifteen years, very little muscular tissue left, although by swinging the arms he can manage to feed himself, pulse of very good volume and regular, sensation in arms good, very little use of fingers, no use of wrist at all, color darker than the rest of the body.

C. A. N., Colorado.

You have a case of muscular atrophy which is not considered curable; but you know we do not look on any disease as incurable, hence we will just take a shy at this one. Keep his bowels clear and aseptic. Have the affected regions massaged once a day with hot cod-liver oil. Give him zinc phosphide gr. 1-6 four times a day for a week, to arouse a healthy nutrition of the nerve centers, and follow that with Nuclein and the Triple Arsenates pushed up to full dosage.

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To Abort Pneumonia: Alkalinize the blood as rapidly as possible, and push elimination. It's uricemic.—F. E. Burgevin.

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

Let us hear, Doctor, how it comes out. Tell the man exactly what I have said, that the disease is called incurable in the books, but we do not stop for a little thing like that. New methods are constantly coming up, and the new ones we use have proved curative in so many cases otherwise considered hopeless, that we are always glad to give them a trial; and it very rarely indeed happens that cases are not benefited.—Ed.

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QUERIES 3634-5:—"Nephritis." Patient 32, weighs 180, gets up to urinate three to twelve times a night, no pain or swelling of feet or face, looks perfectly well, works hard and has no fatigue.

"Sore Arm." Woman, married, 38, three children, a mosquito bite on left wrist, when she killed the mosquito there was a sharp pain up the arm and next day it was greatly swollen. Now this area measures 3 1-2x1 1-2 inches, puffs up and there are as many as ten holes from which pus comes continually; following both radial and ulnar nerves, several hard lumps have formed which eventually break down and continue to discharge from the elbow up, still following in the course of nerve and artery are four similar places; fever, no appetite, sleepless, lost weight. Have given calcium sulphide until the stomach revolted, and iron, quinine and strychnine. Condition improved rapidly under this treatment, with x-ray to arm every other night; however, is worse again now, pain returning, all symptoms aggravated.

A. W. D., Kansas.

The urine is albuminous and the treatment for nephritis should be at once instituted. In "The Treatment of the Sick," under the heading of desquamative nephritis you will find complete directions for the treatment of this case.

For the lady with the infected arm; arsenic sulphide to saturation to stop the suppuration, nuclein to restore the blood,

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To loosen adherent dressings, apply Hydrozone, warm, in solutions of fifty per cent, or even more.—F. E. Burgevin.

30 minims a day; wash out the sinuses first with peroxide and then with spirits of turpentine. If this fails inject with Villatte's solution, whose formula you will find in "Treatment of the Sick" under the head of Caries. You had better watch the condition of her kidneys carefully, as there is some reason somewhere for the sulphide irritating the stomach.—Ed.

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QUERY 3636:—"Sulfonal." Patient, 50, is taking on my advice sulfonal 1 gram for sleeplessness, with the desired effect; and he wants to know if the drug is going to injure him if he continues taking it. I cannot find any literature on this subject.

J. V., Minnesota.

There isn't a drug in existence which can be taken to produce sleep for three months without doing harm. If he must take something, alternate with hyoscine, or try to get him to sleep on a hot bath and a tumbler of hot clam juice.—Ed.

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QUERY 3637:—"Cedema." What has been your experience with pilocarpine in cedema of the glottis? Man, 66, cedema of the glottis. What would you think of a hypodermic near the seat of trouble, if nervous choking spell came on?

H. G. A., Illinois.

I never used pilocarpine in cedema of the glottis, and would be just a little afraid to do so, since it has been reported as causing imminent danger by producing cedema of the lungs. I feel like urging apocynin in this case, three or four granules every two hours, and the treatment of albuminuria described in the "Treatment of the Sick." Probably iodized lime pushed very strongly and rapidly would relieve acute attacks.—Ed.

Agaricin does not increase body heat or improve respiratory action as atropine does.—J. R. McMillan.

## NEWS, NOTES AND NOTIONS

Aronson announces a scarlet fever serum.

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Human skin detached from the body lives up to ten days.

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The Presbyterian Hospital of Chicago is organizing a nurses' school.

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Schlatter the healer has resurrected in Chicago, with a wife, also a healer.

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Cocaine solution added to calomel causes a precipitate of metallic mercury.

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Cranberry juice is antipyretic and allays thirst and vomiting, even in cholera.

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A few peach kernels thrown in a barrel of muddy water clarifies it in two hours.

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St. Paul doctors are in court trying to decide whether a man has a broken neck or not.

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The German railroads are weeding out of their employ all men who use alcoholic drinks.

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Tinctures change color by oxidation and become acid. Maybe this does not alter their strength.

Antitoxin is credited with causing erythema, suppuration, oedema, cardiac collapse, syncope, etc.

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The dirt under the nails has been found to contain tubercle bacilli, even in families where no tuberculosis existed.

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The Sacs and Foxes are reported as nearly all afflicted with incurable disease and rapidly approaching extinction.

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A report has been printed that the receiving ship Franklin has lost 62 out of 67 boys with diphtheria. We do not believe it.

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Dead Esquimaux babies are fried out for their oil. Which leads the *Medical Times* to remark on people making light of calamities.

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Boiled linseed oil applied to the hands, feet, ears, etc., prevents frostbite and keeps them warm.

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An English surgeon operated on a woman for gall-stones and didn't find any. Then he put her on strychnine and arsenic and got quick relief. This goes to show that there is "no medical treatment for such cases," doesn't it? "There are none so blind as they that won't see."

Bleasdale excises the tonsils during their acute inflammation.

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New York is congratulating herself on a death rate that would scare Chicago white.

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Mills says that all catarrhal diseases of the nose and throat are contagious, tonsillitis especially.

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Lombard College, Galesburg, Ill., closed for two weeks on Feb. 2, on account of smallpox.

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Rockford has pronounced sentence of death on all cats in houses where contagious disease is found.

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Somebody made a fortune selling "Methuselah pills" to the southern negroes, warranted to prolong their lives.

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Henry Phipps has devoted a million and a half to the foundation of an institution for the study, treatment and prevention of tuberculosis; with Dr. Flick at the head.

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Here's a really good idea in treating dyspepsia: Let the patient drink a lot of water an hour before meals and then rock for the hour, so that the stomach wall will be washed clean.

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Some patients dislike junket, being accustomed to the use of "clabber," which is Dixie for sour milk. Then instead of rennet use hydrochloric acid, which gives the acidulous tang; and is antiseptic as well as favoring digestion.

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Malarial Toxemia: Free elimination; Triple Arsenates, arsenic iodide, one each t. i. d., Hgl gr. 1-6, 3 hours after meals.—Burgevin.

The finest dahlia produced in Colorado for years has been named after a trained nurse of Chicago. The Ingeborg Egland is something remarkable in the way of cactus dahlias, a single specimen measuring  $7\frac{1}{4}$  inches in diameter.

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The New York Central has decided to employ sixty surgeons along its line to afford prompt aid in case of accident. Every train will carry a full set of surgeons' tools. It would be interesting to know just what constitutes that full set.

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The officials of a Wisconsin insane asylum have been compelled to resign for having used corporal punishment on a patient. Insane persons are often trying, but if the superintendent sets the example of blows, how much farther will the attendants push that method?

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Of 373 samples of one drug obtained in New York City, 315 were found to be adulterated. Oh, no! The practice of therapy does not need reforming. It is good enough as it is; and those Chicago cranks who preach faith in therapy and a therapy that deserves faith, are not worth consideration—unless you have some conscience in regard to your duty.

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Wilcox has studied erythrophlœum, finding it very much like digitalis, enormously increasing blood pressure, slowing the heart, accelerating respiration; indicated in rapid heart-action, low tension and venous congestion, contraindicated in extremely weak hearts. It was best in rather stout persons, with tachycardia, fair compensation, where digitalis failed. It was faster than digitalis in getting to work.—*Med. Record.*

To abort a chill: Hyoscyamine gr. 1-1000, strychnine arsenate gr. 1-67, every 15 minutes; acetanilid gr. v before paroxysms.—Burgevin.